[Reference No.: …….]

APPLICATION FOR ACCESS TO INFORMATION UNDER THE RIGHT TO INFORMATION ACT, 2019 (ACT 989)

1.	**Name of Applicant:**			
2.	**Date:**			
3.	**Public Institution:**			
4.	**Date of Birth:**	**DD**	**MM**	**YYYY**
5.	**Type of Applicant:**	**Individual** ☐ **Organization/Institution** ☐		
6.	**Tax Identification Number**			
7.	**If Represented, Name of Person Being Represented:**			
7 (a).	**Capacity of Representative:**			
8.	**Type of Identification:** ☐ **National ID** ☐ **Passport** ☐ **Voter's ID** ☐ **Driver's License**			
8 (a).	**Id. No.:**			
9.	**Description of the Information being sought (specify the type and class of information including cover dates. Kindly fill multiple applications for multiple requests):**			

10.	**Manner of Access:**	☐ **Inspection of Information** ☐ **Copy of Information** ☐ **Viewing / Listen** ☐ **Written Transcript** ☐ **Translated (specify language)** ☐
10 (a).	**Form of Access:**	☐ **Hard copy** ☐ **Electronic copy** ☐ **Braille**
11.	**Contact Details:**	☐ **Email Address**_____ ☐ **Postal Address**_____ ☐ **Tel:** _____
12.	**Applicant's signature/thumbprint:**	
13.	**Signature of Witness (where applicable)** **"This request was read to the applicant in the language the applicant understands and the applicant appeared to have understood the content of the request."**	