

FORM 1

**REQUEST FOR ACCESS TO INFORMATION**

PART A: PARTICULARS OF INFORMATION HOLDER

Name of the institution/ information holder……………………….........……………………

Address of the institution/ information holder…………………….............…………………

Location (District/Town/City/TA/Village………..…………………………………………...

PART B PARTICULARS OF INFORMATION SEEKER

Full Name:.…………………….....………………………………………………………..…

Date of birth………….…………………........................................ Sex…….......……..

National ID Number .…………………...................…………………………………………

Postal address………………..……..................……………………………………………... ..................................................................................................................................................

Physical address…………………………......………………………………..………………

Telephone number………….………………..................…………………………………….

Email address……………………………………......................………………………….…

PART C PARTICULARS OF PERSON ON WHOSE BEHALF THE REQUEST IS MADE

(To be completed if request is being made on behalf of another person)

Please attach any documentation that indicates that you are authorized to act for the other person. Particulars of person on whose behalf the request is made

Name: ……………………….........................................……….……………………………

Address: ……………….……..................................................………………………………

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Identity Number: ……………..........................................……………………………………

PART D PARTICULARS OF INFORMATION BEING SOUGHT

Provide details about the nature of information being sought and justification. Include relevant details that can help in retrieving the information, such as source, author, date of publication, etc.

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Explain the purpose for which you seek this information and why it is important that the Information should be provided to you.

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PART E FORMAT OF INFORMATION BEING REQUESTED

State the format in which you want to access the information, e.g. print, electronic etc.

1. Normal print version (…..)
2. Braille print version (…..)
3. Other (state other preferred format)……………………...........……………………….

Signed at …………………............……this… day of ……………………. 20 …

……………………………………………………*Signature of the information seeker*