



**OFFICE OF THE DEPUTY PRESIDENT
STATE DEPARTMENT FOR DEVOLUTION**

APPLICATION FOR ACCESS TO INFORMATION

1. Particulars of the Applicant/Requester

Name:.....

Gender:.....

Institution:

National Identity/Passport No.....

Nationality:.....

Telephone No:..... E-mail:.....

Physical Address:.....

2. State whether the request is being made on behalf of another person. If yes, provide the particulars of that person.....

.....

.....

(provide the authority to apply on his behalf)

3. Particulars of the information sought (provide full particulars about the document or information you are seeking to assist in processing your request).

Name/type of document or information:.....

Reference /File No. (if known):.....

Any other details:.....

Brief description of the contents of the document:.....

.....

.....

Specific information sought:.....

Reason for seeking the information:.....

.....

Nature of access sought (I would like to) –

Please choose the relevant options (s):

- a) Inspect the document
- b) Listen to the document
- c) View the document
- d) Have a copy of the document in the following format(s):
 - Photocopy
 - Compact disk
 - USB mass drive
 - Other (please specify)
- e) Other (please specify)

If a copy is required, specify the number required.....

If the document is to be posted to you, specify the mode and the address of postage.....

.....

(Please note that accessing information is free, but the production of copies of the record and transmission will attract a nominal fee).

Signature of the Requester/Applicant:.....

Date:.....

4. For Official Use

Date Request received:.....

Remarks.....
.....
.....

Name and title of the officer receiving the Request:.....

Signature:.....