

SECOND SCHEDULE (reg. 11)

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)

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

Name:

Address:

.....

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 atthis... day of 20 ...

.....
Signature of the information seeker

FORM 2 (regs. 13)

**RESPONSE TO REQUEST FOR INFORMATION GRANT OF ACCESS / PARTIAL
DISCLOSURE / REFUSAL**

PARTICULARS OF INSTITUTION/INFORMATION HOLDER

Name of institution/information holder:.....

Address:.....

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Phone Number:.....

Email:.....

Date:.....

PARTICULARS OF INFORMATION SEEKER

Full Name:.....

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

National ID Number

Postal address.....

.....

Physical address.....

Telephone number.....

Email address.....

RESPONSE

Reference is made to your request for information concerning.....

which was made on The request is granted/partially
granted/refused.

REASONS

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Attachments:.....

Name of Information Officer:.....

Signature:.....

Stamp:

Information collected by:.....

Signature:..... Date:.....

FORM 3 (reg. 15)

DISCLOSURE OF INFORMATION TO A THIRD PARTY

PART A

Particulars of the Third Party (Name and Address)

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We are in receipt of a request for information from the person whose particulars are contained below. The person has requested for the following information

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Section 20 of the Access to Information Act requires that where the requested information might be confidential or affect business interests of a third party, the third party must be notified of the request. You are therefore requested to indicate, within ten (10) working days from the date of this notice, if you have any objection to the disclosure of the requested information. Should you have any reservations to this disclosure, please provide your justification.

Below are the details of the person who has requested for the information.

Full Name:.....

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

National ID Number

Postal address.....

.....

Physical address.....

Telephone number.....

Email address.....

Kindly take note that failure to respond to this notice within the prescribed period will result in disclosure of the requested information to the information seeker.

Name: Signed:.....

INFORMATION OFFICER

Date:

FORM 4 (reg. 20)

**TRANSFER OF REQUEST FOR INFORMATION TO ANOTHER INFORMATION
HOLDER**

PART A__PARTICULARS OF INFORMATION HOLDER

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

Address of 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

Further to the information request you submitted on we wish to direct
you to who will provide you with information
on.....

..... :

Signed Name

.....

Signed

INFORMATION OFFICER

Date:

FORM 5 (reg. 23)

REQUEST FOR INTERNAL REVIEW OF A DECISION

PART A__PARTICULARS OF INSTITUTION/INFORMATION HOLDER WHOSE DECISION IS SUBJECT OF THIS REQUEST

Name of institution/information holder.....

Address of institution/information holder.....

Location (District/Town/City/).....

Email Address.....

Telephone.....

PART B__PARTICULARS OF THE 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 a request is submitted on behalf of another person)

Particulars of person on whose behalf the request is made

Full Name:.....

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

National ID Number

Postal address.....

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Physical address.....

Telephone number.....

Email address.....

Reason(s) for representing the information seeker.....

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PART D__SUMMARY OF REQUEST

(Provide a summary of your request for information and why the information should be provided to you. Give reasons why you disagree with the decision of the information officer)

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PART E__TYPE OF ASSISTANCE REQUESTED

(Describe the type of assistance that you are looking for from the Head of the Institution to whom the request for information was addressed)

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Signed atthis.... day of 20

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Signature of the information seeker

Attach copies of the following documents if available__

1. The request for information Form
2. The information officer's response to the request for access to information

FORM 6 (reg. 25)

REQUEST FOR EXTERNAL REVIEW OF DECISION OF INFORMATION

HOLDER

PART A__PARTICULARS OF THE INSTITUTION WHOSE DECISION IS SUBJECT OF THIS REQUEST

Name of the institution.....

Address of the institution.....

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

Email Address.....

Telephone.....

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PART B__PARTICULARS OF THE COMPLAINANT

Full Name:.....

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

National ID Number

Postal address.....

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Physical address.....

Telephone number.....

Email address.....

PART C__PARTICULARS OF PERSON ON WHOSE BEHALF THE REQUEST IS MADE

(To be completed when a complaint is submitted on behalf of another person)

Full Name:.....

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

National ID Number

Postal address.....

.....

Physical address.....

Telephone number.....

Email address.....

Capacity in which the request is made:

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PART D__EXHAUSTION OF INTERNAL REVIEW MECHANISM

(Please state the steps taken to resolve the matter with the information holder and the final decision made by the information holder)

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PART E__NATURE OF THE COMPLAINT (PLEASE CIRCLE OR TICK WHICHEVER IS APPLICABLE)

The complaint relates to__

1. Refusal of access to information by the information holder
2. Unreasonable fees payable
3. Failure to comply with set time limits by the information holder
4. Any other matter relating to a request for information (Please specify)

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PART F__SUMMARY OF REQUEST

(Provide a summary of your complaint and describe the action or events that prompted you to complain. Please indicate, where possible, name of the file or document and dates relevant to the complaint including date when the information was requested and date when the response was received)

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PART G__TYPE OF ASSISTANCE REQUESTED

(Describe the type of assistance sought from the Commission)

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Signed at.....this.... day of..... year

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Signature of complainant