



FORM 5

REQUEST FOR INTERNAL REVIEW OF A DECISION

PART A__PARTICULARS OF INSTITUTION/INFORMATION HOLDER WHOSE DECISION IS A 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

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