

FORMAL REQUEST FOR INFORMATION FORM

Date

Time

Mode of Reporting

APPLICANT'S DETAILS:

Name..... ID No.....

Gender..... PWD YES NO

Address P.O. Box Postcode..... City/Town:

Mobile Email

Summary of the information being sort

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.....
.....

Purpose of the information being sort

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.....
.....

Signed by..... (Applicant)

Received by:

Name.....

Sign

Method of access preferred (tick preferred option) ✓

1. Receive printed copies of original

2. Email scanned copied

3. Perusal of original copies