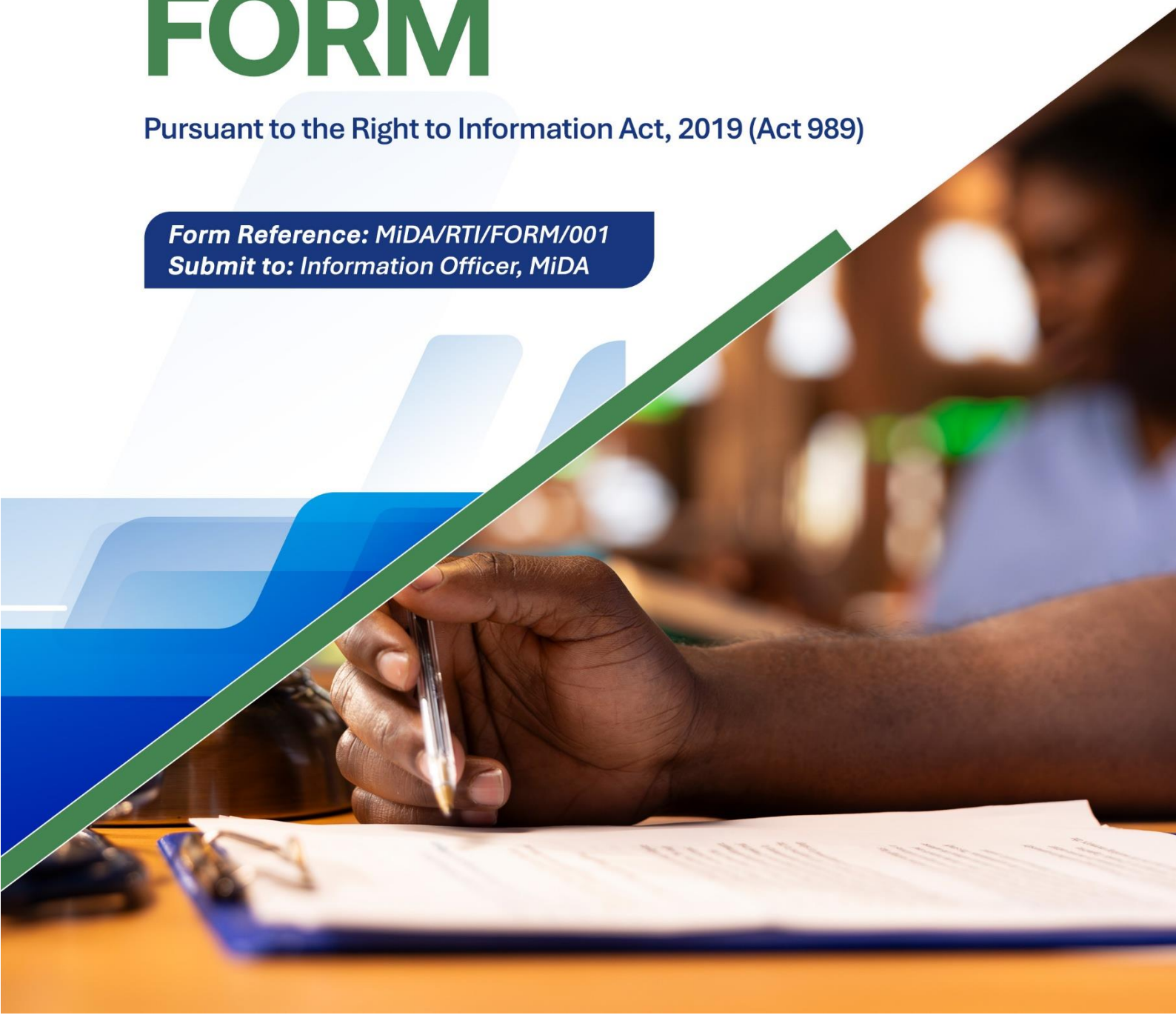
RIGHT TO INFORMATION

APPLICATION FORM

Pursuant to the Right to Information Act, 2019 (Act 989)

Form Reference: *MiDA/RTI/FORM/001*
Submit to: *Information Officer, MiDA*



SECTION 1 — APPLICANT INFORMATION

Full Name of Applicant	
Nationality	
Postal / Residential Address	
Email Address	
Phone Number	
National ID Card	
Preferred Mode of Response (Hard Copy / Email / Inspection)	

SECTION 2 — INFORMATION REQUESTED

Please describe the information you are requesting with sufficient detail to allow MiDA to identify it:

SECTION 3 — FORM AND MANNER OF ACCESS

Form of Access Required	
Hard Copy / Electronic Copy / Inspection / Braille / Other (specify)	
Preferred Language	
English / Other (specify): _____	

SECTION 4 — PURPOSE (Optional)

You are not required to state a reason, but providing one may help us process your request faster.

SECTION 5 — DECLARATION

I confirm that the information provided in this application is accurate and complete. I understand that MiDA will process this request in accordance with the Right to Information Act, 2019 (Act 989).

Applicant Signature & Date
Signature & Date

Witness Signature (if applicable)
Signature & Date

FOR OFFICIAL USE ONLY

RTI Reference No. Assigned	
Date & Time Received	
Received By	
Acknowledgement Issued (Yes / No)	
Date Acknowledgement Issued	
Remarks	