

[Reference No.:]

ST JOHN AMBULANCE GHANA



APPLICATION FOR ACCESS TO INFORMATION UNDER THE RIGHT TO INFORMATION ACT, 2019 (ACT 989)



1.	Name of Applicant:	
2.	Date:	
3.	Public Institution:	

4.	Date of Birth:	DD	MM	YYYY
5.	Type of Applicant:	Individual <input type="checkbox"/>	Organization/Institution	<input type="checkbox"/>
6.	TIN Number			
7.	If Represented, Name of Representative:			
7 (a).	Capacity of Representative:			
8.	Type of Identification: <input type="checkbox"/> National ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Voter's ID <input type="checkbox"/> Driver's License			
8 (a).	Id. No.:			
9.	Description of the Information being sought (specify the type and class of information including cover dates. Kindly fill multiple applications for multiple requests):			

10.	Manner of Access:	<input type="checkbox"/> Inspection of Information <input type="checkbox"/> Copy of Information <input type="checkbox"/> Viewing / Listen <input type="checkbox"/> Written Transcript <input type="checkbox"/> Translated (specify language) <input type="text"/>
10 (a).	Form of Access:	<input type="checkbox"/> Hard copy <input type="checkbox"/> Electronic copy <input type="checkbox"/> Braille
11.	Contact Details:	<input type="checkbox"/> Email Address _____ <input type="checkbox"/> Postal Address _____ <input type="checkbox"/> Tel: _____
12.	Applicant's signature/thumbprint:	
13.	Signature of Witness (where applicable) <i>"This request was read to the applicant in the language the applicant understands and the applicant appeared to have understood the content of the request."</i>	

15 (c).	<input type="checkbox"/> Deferred Access Reason for Deferment <input type="checkbox"/> Information will be published within 90 days <input type="checkbox"/> Information is yet to be submitted Duration of Deferment: _____
15 (d).	<input type="checkbox"/> Access Denied Reasons for Denial: <input type="checkbox"/> Information for the President or the Vice- President (s.5, Act 989) <input type="checkbox"/> Information Relating to Cabinet (s.6, Act 989) <input type="checkbox"/> Information Relating to Law Enforcement & Public Safety (s.7, Act 989) <input type="checkbox"/> Information Affecting International Relations (s.8, Act 989) <input type="checkbox"/> Information that Affects the Security of the State (s.9, Act 989) <input type="checkbox"/> Economic and Any Other Interests (s.10, Act 989) <input type="checkbox"/> Economic Information of Third Parties (s.11, Act 989) <input type="checkbox"/> Information Relating to Tax (s.12, Act 989) <input type="checkbox"/> Internal Working Information of Public Institution (s.13, Act 989) <input type="checkbox"/> Parliamentary Privilege, Fair Trial, Contempt of Court (s.14, Act 989) <input type="checkbox"/> Privileged Information (s.15, Act 989) <input type="checkbox"/> Disclosure of Personal Matters (s.16, Act 989) <input type="checkbox"/> Non – existent Information (s.24, Act 989)
16.	Signed: _____ Date of Notice: _____ Name: _____ Information Officer <div style="text-align: right;">[OFFICIAL STAMP]</div>



Acknowledgement

This is to acknowledge that your request for information was received:

Date: _____

Time: _____

Institution of receipt: _____

Name of recipient: _____

[Official Stamp]

Designation: _____

To receive notice of the decision on your request kindly visit:

Place: _____

Date: _____

Time: _____