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**Information Commissioner’s Office
Male’, Republic of Maldives**

**Application for obtaining information under the
“Right to Information Act”**

1. **Applicant information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NID No: | Permanent Address | Present Address | Common Name | Full Name |
|  |  |  |  |  |

1. **Send information to:**

|  |  |  |
| --- | --- | --- |
| Fax Number(s) | E-mail Address(es) | Address |
|  |  |  |

1. **Information required from:**

|  |
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| ......................................................................................................................................................... |

1. **Details of information required:**

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| ................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................ |

1. **Reason for obtaining the information: (optional)**

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1. **Declaration:**

I hereby, declare that the information provided in this form is true and I shall be responsible to provide any fees that are required under the RTI Regulation to obtain the information requested.

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| --- | --- | --- | --- |
| Submission Date | Finger Print | Signature | Name |
|  |  |  |  |

Contact Number(s) for further inquiries:

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* **Note:** please submit ID card copy of the applicant along with the form

**For official use only:**

|  |
| --- |
| Form Received By: |
| Name | Designation  | Signature  | Date |
|  |  |  |  |

|  |
| --- |
| **Receipt of application** |
| Name and address of applicant | Submitted case or the cause of the application | Date  |
|  |  |  |

The form above has been received by this office.

…...................................... Signature: ............................................................... Name: ...............................................Date received: