

FIRST SCHEDULE

FORM ATI 1.

FORMS (r.13(2)(3))

REPUBLIC OF KENYA

ACCESS TO INFORMATION ACT, 2016

ACCESS TO INFORMATION (GENERAL) REGULATIONS, 2023

REQUEST FOR INFORMATION

PART I – to be completed by Requester (*the information provided on this form will only be used for the purpose of acting on this request, and for compliance with the Access to Information Act, 2016*)

1. Name of Institution

(*Please state the name of the institution from which you are requesting information*)

2. Name of Requester

3. Is the request being made on your own behalf

No

Yes

(*If No, tick the appropriate reason below*)

A child aged (*explain relationship to the child*)

A person who is incapacitated (not able to make the request due to mental or physical impairment)

A marginalized or vulnerable person or group of persons

Other reason (*please explain*)

(*If the request is for a record containing personal information about a person other than the requester, please provide a consent in FORM ATI 3. If the request is for a record containing personal information about an incapacitated person, provide a copy of legal authority to act on behalf of the person, e.g. power of attorney*)

4. Identification Document e.g. National ID/ Passport /Certificate of Incorporation

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5. Sex of Requester Male Female Intersex

(*Tick where appropriate*)

6. Do you have a Disability? No Yes

(a) If yes, state the nature of disability.....

(b) State the form in which the requested information should be availed e.g. braille, audio, print etc.

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7. Contact Information of Requester

(*Please indicate the address to which correspondence related to your request should be sent*)

Email Address:

Postal address:

Town/City:

Telephone No:

Other:

8. Describe the information requested and reasons for seeking such information.

(Please state all the information available to you which will assist in processing your request)

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9. I would like to: (tick where applicable)

Inspect the record []

Listen to the record []

Have a copy of the record made available to me in the following format:

[] photocopy (Please note that copying costs will apply)

number of copies required:

[] electronic

[] by email to

[] USB

[] transcript

[] translation into

[] Other (specify)

10. Does the information requested concern the life or liberty of any person?

[] No

[] Yes (please explain)

Signature of Requester: Date: 20....

For Official Purposes Only

PART — to be completed by Information Access Officer (or designate)

1. Date Received [STAMP]

2. Action Taken

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.....

Name of Information Access Officer:

Signature:

Date: 20.....
