



FORM 1

REQUEST FOR ACCESS TO INFORMATION

PART A - PARTICULARS OF INFORMATION HOLDER

Name of the institution/information holder: **Malawi Broadcasting Corporation**

Address of the institution/ information holder: **Chichiri Broadcasting House,
P.O. Box 30133, Chichiri, Blantyre 3**

Location: **Blantyre District**

PART B - PARTICULARS OF INFORMATION SEEKER

Full Name:

Date of birth: Sex:

National ID Number:

Postal address:

.....

Physical address:

Telephone number:

Email address:

PART C - PARTICULARS OF PERSON ON WHOSE BEHALF THE REQUEST IS MADE

(To be completed if request is being made on behalf of another person)

Particulars of person on whose behalf the request is made (*Please attach any documentation that indicates that you are authorized to act for the other person*)

Name:

Address:

.....

Identity Number:

PART D - PARTICULARS OF INFORMATION BEING SOUGHT

Provide details about the nature of information being sought and justification. Include relevant details that can help in retrieving the information, such as source, author, date of publication, etc.

.....
.....
.....
.....
.....

Explain the purpose for which you seek this information and why it is important that the information should be provided to you.

.....
.....
.....
.....
.....
.....
.....
.....

PART E - FORMAT OF INFORMATION BEING REQUESTED

State the format in which you want to access the information, e.g. print, electronic etc.

1. Normal print version (.....)
2. Braille print version (.....)
3. Other (state other preferred format).....

Signed atthis..... day of 20

.....

Signature of the information seeker