STANDARD RTI REQUEST FORM

Ref. No.:

REPUBLIC OF GHANA

EASTERN REGIONAL CO-ORDINATING COUNCIL
(ERCC)

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 ☐ Organization / Institution		
6.	**TIN Number**			
7.	**If Represented, Name of Representative:**			
7 (a).	**Capacity of Representative:**			
8.	Type of Identification: ☐ National ID Card ☐ Passport ☐ Voter's ID ☐ 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:**	☐ **Inspection of Information** ☐ **Copy of Information** ☐ **Viewing / Listen** ☐ **Written Transcript** ☐ Translated (specify language) ☐
10 (a).	**Form of Access:**	☐ **Hard copy** ☐ **Electronic copy** ☐ **Braille**
11.	**Contact Details:**	☐ Email Address_____ ☐ Postal Address_____ ☐ Tel: _____
12.	**Applicant's signature/thumbprint:**	
13.	**Signature of Witness (where applicable)** ***"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."***	