

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



ATTORNEY GENERAL'S OFFICE
REPUBLIC OF MALDIVES

**Application for obtaining information under the
"Right to Information Act"**

1- Applicant information:

Full Name	Common Name	Present Address	Permanent Address	Passport No:

2- Send information to:

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

3- Information required from:

.....

4- Details of information required:

.....

5- Reason for obtaining the information: (optional)

.....

6- 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.

Name	Signature	Finger Print	Submission Date

Contact Number(s) for further inquiries:

.....

- **Note:** please submit ID card copy of the applicant along with the form (or passport copy if application is submitted by a foreign national)

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.

Date received Name: Signature: