

**INFORMATION REQUEST – PROMOTION OF ACCESS TO
INFORMATION**

PLEASE COMPLETE SEPARATE SHEET PER ENTITY AND INITIAL EACH PAGE

BUSINESS INFORMATION

Business name:

Operating name:

Legal form:
(trust, company, cc)

Registration number:

Identity number:

Name of the head of
business:

Postal address:

Physical address:

Telephone number:

Fax number:

Email address:

Website:

INFORMATION OFFICER

Title:

Job description:

First names:

Last name:

Designation:

Position:

Mobile phone:

Home phone:

Email address:

<u>ACCEPTED ON BEHALF OF THE BUSINESS:</u>	
Position:	
Name:	
Signature:	
Date:	

I hereby acknowledge my responsibility for the completeness and accuracy of the information provided in this document. I confirm, to the best of my knowledge, and belief, the accuracy and completeness of the information provided.