



SCHEDULE 2  
FORMS

THE ACCESS TO INFORMATION ACT, 2005  
THE ACCESS TO INFORMATION REGULATIONS, 2011  
REQUEST FORM

(Please use a separate request form for each document requested)

1. Name of public body

(Please state the title of the institution from which you are requesting access to a record)

Kampala Capital City Authority  
(K.C.C.A)

2. Name of requester

Edward Ronald Sekyewa  
Hub for Investigative Media (H.I.M)

3. Particulars of requester

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

Postal Address: P. O Box 29285 Kampala

Physical address: Teachers' House

Plot No.: 28-30 Bombo Road

Street: Bombo Road

Town/City: Kampala

Telephone No: 0775-78 55 98

Fax No: -

Email address: edwardronalds16@gmail.com

Other: sekyeewa@him.or.ug.

4. Description of record

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

Name/Type of document

(If known)

WITHHOLDING TAX RECORDS

Reference/File No.

(If known)

5. Contents of document

(Give brief description)

The document should include records of remittances of withholding tax (WHT) - deductions from payments made to Suppliers - to Uganda Revenue Authority (URA) in the financial year 2012 - 2013.

6. Other

(Please state any other details that may be relevant to the processing of the request)

7. I would like to:  
(Please check the relevant options)

- (a) Inspect the record
- (b) Listen to the record
- (c) View the record
- (d) Have copies made available to me in the following format:
  - i. Photocopy
  - ii. Compact disc
  - iii. Diskette
  - iv. USB mass drive
  - v. Transcript
  - vi. Other (please specify); and
- (e) Other (please specify)

8. Number of copies required: ..... 1 COPY .....

9. Request on behalf of another person  
.....  
.....

Signature of requester: .....  .....

Date: ..... 25<sup>th</sup> JUNE 2014 .....