



DS5
12/4

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)

MINISTRY OF FINANCE, PLANNING AND
ECONOMIC DEVELOPMENT.

2. Name of requester

EDWARD RONALD SEKYEWA
NEWS EDITOR, KAMPALA DISPATCH MAGAZINE.

3. Particulars of requester

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

Postal Address: P. O BOX 27258 KAMPALA

Physical address: KAMPALA

Plot No.: PLOT 8

Street: COLVILLE STREET

Town/City: KAMPALA

Telephone No: 0775-185598

Fax No: -

Email address: edwardronalds16@gmail.com

Other: -

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)

LIST OF COMPANIES THAT HAVE TAX
HOLIDAYS IN UGANDA

Reference/File No.
(If known)

5. Contents of document
(Give brief description)

THE DOCUMENT SHOULD INCLUDE ALL COMPANIES
FOR WHICH THE GOVERNMENT OF UGANDA IS
CURRENTLY PAYING VALUE ADDED TAX (VAT)
AND CORPORATION TAX, INDICATING HOW MUCH
HAS BEEN PAID FOR EACH COMPANY.

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: 02. APRIL. 2013.