



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)

Uganda National Roads Authority
(UNRA).

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: sekewea@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 URA (Uganda Revenue Authority) 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
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.....

Signature of requester: 

Date: 25th JUNE 2014.