



NYAYO TEA ZONES DEVELOPMENT CORPORATION

ACCESS TO INFORMATION REQUEST FORM

NAME (IN FULL)	
ID/PASSPORT NUMBER	
COMPANY (Where applicable)	
DESIGNATION	
POSTAL ADDRESS	
INFORMATION REQUESTED FOR	
PURPOSE/USE OF THE INFORMATION	

SIGNATURE: _____

DATE: _____

FOR OFFICIAL USE ONLY

DATE RECEIVED	ACTION TAKEN	DATE	SIGNATURE

