

Form IG

Guideline 12.13

Serial No.: _____

REF No.: _____



Access to Information Act
(Act No. 24 of 2023)
Access to Information Guidelines, 2025

PAYMENT SLIP
(This Slip should be filled in triplicate)

To: _____
(name and address of requester)

I _____ hereby acknowledge receipt of
(State name of information officer and information holder)

_____ as payment of the non-refundable fee payable from

(Name of requester)

Date: _____ / _____ 20_____
Name of information officer

Signed by information officer

Official Stamp

*Original: to requester
Duplicate: to information holder
Triplicate: to be retained for compliance audit