**ANNEX 3 – Information Review Form**

**Name:**

**NIN:**

**Address: Phone number:**

**Email**:

Phone number:

**Registration Number of Denied Request:**

***\*The request form should be attached to the review form when it is forwarded to the Head of Information Holder.***

**Decisions:**

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Internal Notes:**

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**Reasons for Requesting Review of Decision:**

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