

**APPLICATION FORM TO ACCESS INFORMATION**

(Legal Person)

Title of Legal Person :		
Address of Legal Person :		
National ID number of Authorized Person: (Required for applications submitted in an electronic environment.)	<table border="1"><tr><td data-bbox="1066 712 1433 904">How would you prefer to be informed of the outcome of your application?  Written                      Electronic <input type="checkbox"/>                                      <input type="checkbox"/></td></tr></table>	How would you prefer to be informed of the outcome of your application?  Written                      Electronic <input type="checkbox"/> <input type="checkbox"/>
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Authorized Person's Electronic Mail Address : (Required for applications submitted in an electronic environment )	<table border="1"><tr><td data-bbox="1018 922 1444 1102">The information or documents I requested in accordance with the Law on Right to Information No. 4982 are listed below. Respectfully submitted.</td></tr></table>	The information or documents I requested in accordance with the Law on Right to Information No. 4982 are listed below. Respectfully submitted.
The information or documents I requested in accordance with the Law on Right to Information No. 4982 are listed below. Respectfully submitted.		
Signature of Authorized Person: (Note: My authorization document is attached.)		
Required Information or Documents: (Note: If the space in the allocated section is not sufficient, blank page(s) can be used for the application.)		