

Access to Information Request Form

Part A (Applicant Information)

Name of Applicant (Requestor): _____

Postal Address: _____

Physical Address: _____

Email Address: _____

Telephone No: _____

Part B (Details of Information)

Nature/Summary of Information requested for: _____

Signature _____ **Date** _____

Please return the filled form to:

Kenya Trade Network Agency (KenTrade)
1 st Floor Embankment Plaza, Upper Hill
P.O. Box 36943 – 00200, Nairobi
Email: info@kentrade.go.ke or contactcentre@kentrade.go.ke

www.kentrade.go.ke