



Malawi Revenue Authority

(FORM 4 - Reg. 20)

MRA'S TRANSFER OF REQUEST FOR INFORMATION TO ANOTHER INFORMATION HOLDER

PART A: PARTICULARS OF MRA

Name of the institution/ information holder: **MRA**

Address of MRA: **MSONKHO HOUSE, INDEPENDENCE DRIVE, PRIVATE BAG 247, BLANTYRE, MALAWI**

Location: **Blantyre**

PART B: PARTICULARS OF INFORMATION SEEKER

Full Name

attach a copy of the national ID:

Postal address

Physical address

Telephone number

Email address

PART C

Further to the information request you submitted on _____ we wish to direct

you to _____ who will provide you with information

on _____

Signed Name

Signed

INFORMATION OFFICER

Date: