



### CCIL DATA REQUEST FORM

<b><i>Requestor Information</i></b>	
Name of Organization / Institution	
Name and position of the person requesting data	
Address of Organization / Institution	
Phone / Mobile	
Email	
Name of the Authorized Signatory of the Organization / Institution	
<b><i>Data Request Details</i></b>	
Date of Request	
Data Request Description	
Purpose of Data Request (Whether for Research, Commercial or Others)	
If Research, provide a Description of Research, Research Objectives and Design (Kindly enclose a brief document)	
If Commercial / Others, please specify the Purpose	
Period of Data	
Please provide any additional information about the request	