

**Appendix 6.ii**  
(Section 6.2.3.1)

**REQUEST TO PERFORM PRIVATE WORK**

NAME: MR/MS \_\_\_\_\_

GRADE/POSITION: \_\_\_\_\_ ID NO: \_\_\_\_\_

DIRECTORATE: \_\_\_\_\_

OFFICER'S ADDRESS: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

*If self-employed, please give your VAT Registration No.* \_\_\_\_\_

TYPE OF PRIVATE WORK: \_\_\_\_\_

WEEKLY NUMBER OF HOURS WORKED: \_\_\_\_\_

REMUNERATION INVOLVED: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Director's remarks.

Approved /Not Approved

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Permanent Secretary's Signature

cc: Commissioner of Inland Revenue

**Information Protected:** Personal information provided on this form is protected and used in accordance with the Data Protection Act (Cap 586). The information shown may be used for record purposes by the Ministry/Department indicated and the Department of Inland Revenue.