

Annex 1: Access

#	Sub-district	Access
1	Tripoli	Yes <input type="checkbox"/> - No <input type="checkbox"/>
2	Minnieh-Dennieh	Yes <input type="checkbox"/> - No <input type="checkbox"/>
3	Akkar	Yes <input type="checkbox"/> - No <input type="checkbox"/>

Name of service provider representative: _____

Date: _____

Stamp and Signature: _____