Requester Name:		Audit Mutual Assistance		File FOI-000004-2023		
Page No	**Date**	**Description of Document**	**Deletions**	**Relevant Section of FOI Acts**	**Reason for Redaction**	**Decision Maker's decision**
1 - 11	05.10.2022	Audit Report Mutual Assistance Section	11	Part 1(n) Schedule 1	Out of Scope	Refused