## FREEDOM OF INFORMATION REQUEST FORM

## PART I. INFORMATION ON THE REQUESTED PARTY

2. Full name:	1. Title: (Mr./Ms./Mrs.)	Others:		6. Contact Details:	
First Name:	2. Full name:	•	······································	Landline:	
Somplete Address:	Surname:			Fax:	
3. Complete Address:  Apt/House No. Street:  Brgy/District:  City Municipality:  Province:  4. Company/Affiliation/Organization/School and Position:  Surrame:  First Name:  (reducing ML)  Passport   Driver's License Others: (Pls Specify)  Postal ID   Voter's ID   Driver's License Others: (Pls Specify)  Photocopy   Certified Photocopy   Certified True Copy  14. Purpose of Request: (Please be as specific as possible)  15. Any other relevant information:  I declare and certify that the information provided in this form is complete and correct. I am aware that giving false or misleading information only for the specific purpose stated and subject to such other conditions as may be prescribed by the Department of Foreign Affairs: I understand that the Department of Foreign Affairs and Passing and Street and Subject to Such Other conditions as may be prescribed by the Department of Foreign Affairs I. Inderstand that the Department of Foreign Affairs and Street and Subject to Such Other conditions as may be prescribed by the Department of Foreign Affairs I. Understand that the Department of Foreign Affairs I. Sunderstand that the Department of Foreign Affairs Inderstand Inderstand Ind	Signature and a second			Mobile:	
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S. Preferred Mode of Reply/Response:	Apt/House No. Street:		(4.)		
Province:  4. Company/Affiliation/Organization/School and Position:  5. Type of I.D. Given: (with photograph and signature)  9. Name of Representative/Guardian: Sumame: First Name:  9. Name of Representative/Guardian: Sumame: First Name:  15. Type of I.D. Given: (with photograph and signature)  16. D. I.D. of Representative:  17. Proof of Authority:  PART II. REQUESTED INFORMATION  18. Title of Document Requested: (Please provide as much details as you can) Photocopy Certified Photocopy Certified True Copy  19. Date Requested: (dd/mm/yyyy)  14. Purpose of Request: (Please be as specific as possible)  15. Any other relevant information:  1 declare and certify that the information provided in this form is complete and correct. I am aware that giving false or misleading information or using forged documents is a criminal offense. I bind myself and my principal to use the requested information only for the specific purpose stated and subject to such other conditions as may be prescribed by the Department of Foreign Affairs. I understand that the Department of Foreign Affairs may collect, use and disclose personal information contained in this request.  16. Signature of Requesting Party or Representative:  Pate: (dd/mm/yyyy)  Date: (dd/mm/yyyy)  Pate: (dd/mm/yyyy)  Postal Address  9. Name of Representative: Gudming Party or Representative:  FOR OFFICIAL USE ONLY:  Received by:  Name and Signature  Date and Time Received: Remarks: Date and Time Received: Remarks: Received: Rem	Brgy/District:			Landline Mobile E-mail Postal Address	
4. Company/Affiliation/Organization/School and Position:  9. Name of Representative/Guardian:  Surname:  First Name:  (Including M.L.)  10. I.D. Given: (with photograph and signature)  Passport	City Municipality:			8. Preferred Mode of Reply/Response:	
Surname:	Province:			Pick-up Fax E-mail Postal Address	
First Name:	4. Company/Affiliation/Or	rganization/School and Posi	tion:		
5. Type of I.D. Given: (with photograph and signature)    Passport					
PART II. REQUESTED INFORMATION  12. Title of Document Requested:	5. Type of I.D. Given: (w	ith photograph and signatur	e)		
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