

**REQUEST FORM** 

	LOT I OKWI	
A Requesting Party:	Nationality:	
Surname First Name Mia Residential Address:	ldle Name	
Name of Office/Company:Office/Company Address:		
Contact Nos.: 1); 2)	; 3)(Office/Company) (Mobile)	
Authorized Representative:		
Surname First Name	Nationality:	
Residential Address:		
Name of Office/Company:		
Office/Company Address:		
Contact Nos.: 1); 2)	; 3)	
(Residence)  Information/Documents/Records requested:	(Office/Company) (Mobile)	
Illutiliation/Documents/Records requested.		
Specific Purpose/s:		
Desired mode of receiving information/documents/records	Desired mode of notice on the availability of information, documents, records	
To be picked up	Through telephone in the number/s indicated above	
Through mail/private courier (payment required)	By mail/through letter	
^1		
Printed Name and Signatur	re Date	
To be accomplished by the Processor		
1. The Requesting Party/Authorized representative present (Photocopies must be attached hereto):	ted the original of at least two (2) of the following validly issued IDs	
GSIS/UMID/SSS	Voter's ID	
TIN/Pag-IBIG/Philhealth	Current Company ID	
Passport	Senior Citizen's ID	
Driver's License	Student ID	
PRC ID	Others	
☐ IBP ID		
2. The Request is recommended to be denied because it is	covered by the limitations/restrictions provided in Paragraph 3.2 of	
COA Circular No. 2013-006 dated September 18, 2013, which is/are as follows:		
1		
2		
3		

C	OATH	
State	I hereby certify under oath that the undersigned is the person whose namested information, documents or records will be used for the above-mention ement of Assets, Liabilities and Net Worth (SALN), neither will the contended to a third-party who is not the requester of the said SALN.	oned purpose and for no other purpose. In case of
Section pena	Should I violate the terms of this undertaking, I understand that the officiand that as a consequence thereof, the Court in which such action/s are broutin 11 (d) of Republic Act No. 6713 (Code of Conduct and Ethical Standard lty provided under Article 183 (False testimony in other cases and perjury in sicable.	ight may assess a penalty in the amount provided in s for Public Officials and Employees), or impose the
	Requesting Party/Authorized Representative	Date
	Requesting Fairy/Augiorized Representative	Date
curre	SUBSCRIBED AND SWORN TO before me this day of ent/unexpired identification cards:	20, affiant exhibiting his/her two (2)
	1	_
	<u>-</u>	
		Printed Name and Signature of
	To be accomplished by the SA/ATI/Division Chief	SA/ATL/Division Chief
D	To be accomplished by the SA/ATL/Division Chief Assessment/Evaluation:	
_		
Com	ments/Recommendations (Separate paper, if necessary):	
	Printed Name and Signature of	Date
	SA/ATL/Division Chief	
$\mathbf{E}$	To be accomplished by the Office/Cluster/Regional Director  Approved/Disapproved by:  Rea	son/s for disapproval:
	<del>-</del>	
	D'ALIN AND ALICHARD	
<b>T</b> 7	Printed Name and Signature  Details of Payment/Release of Documents (To be accomplished by the Pro-	Date occessor)
F		
	Did the Requesting Party pay for the prescribed fees for repr	roduction/mailing?
	In case of SALN, is the private address of its owner blacken	
	•	
	Amount Paid O.R. No	Date
Doci	uments/Records received by/released to:	