



FREEDOM OF INFORMATION (FOI) REQUEST FORM

REQUESTING PARTY:					
Complete Name of Requestor:	Title/Prefix	First Name	Middle Name	Last Name	Suffix
Address:	House/Building No./Building Name		Street Name		Barangay
	City/Municipality	Province	Region	Country	Zip Code
Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Citizenship: _____		
Proof of Valid Identification: <i>(Please attach copy)</i>	<input type="checkbox"/> Passport	<input type="checkbox"/> SSS/GSIS ID	<input type="checkbox"/> Postal ID	<input type="checkbox"/> Driver's License	<input type="checkbox"/> National ID
	<input type="checkbox"/> PRC License	<input type="checkbox"/> School ID	<input type="checkbox"/> Company ID	<input type="checkbox"/> Others: _____	
ID No./Details:	_____				
Preferred Mode of Communication:	<input type="checkbox"/> Landline	<input type="checkbox"/> Fax	<input type="checkbox"/> Email	<input type="checkbox"/> Mobile/Cellular Phone	
Email Address:	_____		Contact No.:	_____	
Preferred Mode of Receiving Requested Information:	<input type="checkbox"/> Email	<input type="checkbox"/> Registered Mail		<input type="checkbox"/> Private courier	
	<input type="checkbox"/> Fax	<input type="checkbox"/> Pick-up at CCP			
REPRESENTATIVE/GUARDIAN (If applicable)					
Complete Name of Representative/Guardian:	Title/Prefix	First Name	Middle Name	Last Name	Suffix
Proof of Valid Identification: <i>(Please attach photocopy)</i>	_____		Valid Proof of Authority: _____		
	_____		<i>(Please attach photocopy)</i>		
REQUESTED INFORMATION					
Title/Description of Document/s: _____					
<i>Note: Please provide as much detail as you can</i>					
Date/Period Covered (If applicable): _____					
Specific Purpose <i>(Please be specific as possible):</i> _____					
<i>Note: The following overments of the purpose such as "for information", "for research", "for legal purposes" or other similarly word shall not be considered to have met the requirements of specificity.</i>					
UNDERTAKING					
Privacy Notice: All personal data collected herein shall be processed according to the provisions of the Data Privacy Act of 2012 (DPA) its Implementing Rules and Regulations (IRR), and related issuances.					
I declare and certify under oath that:					
The undersigned whose name and signature appears here and all the information provided in this form are complete and correct;					
I hereby agree and consent to the collection and processing of my personal data, as provided through this form, for the purpose of evaluating the validity of my request for information;					
I understand that my personal information maybe shared across CCP for the purpose of monitoring and evaluation; the use of which shall be governed by the Data Privacy Act of 2012 and related laws and issuances;					
I assured the notification of CCP should there be any amendment in my personal information;					
The requested information shall only be used for the stated purpose and that I will not misuse any information obtained form this office;					
I read the privacy notice and understand that the CCP may collect, use, disclose and process personal information contained in this request;					
I have provided the necessary proof/s of identity (government ID), authority (if applicable) and at least one (1) contact detail; and					
I shall pay the necessary fees for reproduction, copying, certification and/or mailing if applicable under the circumstance.					
I understand that any violation of this undertaking will result in denial of my request. I likewise understand and I am aware that the giving of false or misleading information or using forged documents is a criminal offense that is punishable under the law.					
_____			_____		<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div>
Signature over Printed Name			Date Accomplished		Please affix right thumbmark <i>(if unable to write)</i>
CCP FOI Receiving Officer (For internal use only)					
Received by: _____					
(First Name, Middle Name, Last Name)				Date Received:	
Action/s Taken: _____					