



Republic of the Philippines  
Sandiganbayan  
Quezon City

## ACCESS TO INFORMATION REQUEST FORM

PART I INFORMATION ON THE REQUESTING PARTY					
<b>COMPLETE NAME OF THE REQUESTING PARTY</b>  Last Name                      Given Name                      Middle Initial	<b>DATE OF REQUEST:</b>  Day - Name of the Month - Year				
<b>COMPLETE ADDRESS:</b>	<b>CONTACT DETAILS</b> Landline: Fax: Mobile: E-mail:				
<b>COMPANY/AFFILIATION/ORGANIZATION/SCHOOL and POSITION</b>	<b>PREFERRED MODE OF COMMUNICATION</b> The preferred mode of communication will be used in case the Sandiganbayan needs to inform the requesting party of the availability of the requested information, denial of the AIRF or in the event extension is needed to act on the request. <input type="checkbox"/> Landline <input type="checkbox"/> E-mail <input type="checkbox"/> Mobile <input type="checkbox"/> Postal Address				
<b>TYPE OF GOVERNMENT ID GIVEN</b> (with photograph and signature)  <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Others, please specify <input type="checkbox"/> Postal ID <input type="checkbox"/> Voter's ID	<b>Name of Representative or Guardian</b> (if applicable)  <table border="1"> <tr> <td><b>ID of Representative</b></td> <td></td> </tr> <tr> <td><b>Proof of Authority</b></td> <td></td> </tr> </table>	<b>ID of Representative</b>		<b>Proof of Authority</b>	
<b>ID of Representative</b>					
<b>Proof of Authority</b>					
PART II REQUESTED INFORMATION					
<b>Document Requested:</b> please provide as much detail as you can	<b>Date of Document</b>  <input type="checkbox"/> Photocopy <input type="checkbox"/> Cert. True Copy <input type="checkbox"/> Cert. Photocopy				
<b>Purpose or the Request:</b> Kindly describe adequately or sufficiently the reason or purpose of the request. General averments such as "for information," "for research," "for legal purposes," or other similarly worded purpose shall not be considered to have met the requirement of specificity. <b>Failure to specify the reason for or purpose of the request for information shall be ground for denial of the request.</b>					
I 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 SANDIGANBAYAN. I understand that the SANDIGANBAYAN may collect, use and disclose personal information contained in this request.					
<b>Signature of the Requesting Party or Representative</b>	<b>For Official Use Only</b> Received:				
<b>Date:</b>					
<b>Remarks:</b>					