Office of the President
of the Philippines
Malacañang

FREEDOM OF INFORMATION REQUEST FORM

PART I. INFORMATION ON REQUESTING PARTY

1. Title: *(Mr/Mrs/Miss/Ms)* [____]   Others [_____]

2. Full Name:

Surname [_____]

First Name [_____]
(Including M.I.)

3. Complete Address:

Apt/House No./Street [_____]

Brgy/District [_____]

City/Municipality [_____]

Province [_____]

4. Company/Affiliation/Organization/School and Position:

[_____]

5. Type of I.D. Given: *(With photograph and signature)*

☐ *Passport*   ☐ *Driver's License*   ☐ *Others: (Pls. Specify)*

☐ *Postal ID*   ☐ *Voter's ID*   [_____]

6. Contact Details:

　　　　　　Country Code Area Code　　　　Number

Landline: (____) (____) [_____]

Fax: (____) (____) [_____]

Mobile: [_____]

E-mail: [_____]

7. Preferred Mode of Communication:
(For clarification and other matters)
☐ Landline   ☐ Mobile   ☐ E-mail   ☐ Postal Address

8. Preferred Mode of Reply/Response:

☐ Pick-up   ☐ Fax   ☐ E-mail   ☐ Postal Address

9. Name of Representative/Guardian: *(If applicable)*

Surname [_____]

First Name [_____]
(Including M.I.)

10. I.D. of Representative: [_____]

11. Proof of Authority: [_____]

PART II. REQUESTED INFORMATION

12. Title of Document/Record Requested:
(Please provide as much detail as you can)
☐ *Photocopy*   ☐ *Certified Photocopy*   ☐ *Certified True Copy*

[_____]

13. Date of Document: *(DD/MM/YYYY)* [__ / __ / __]

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 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 Office of the President. I understand that the Office of the President may collect, use and disclose personal information contained in this request.

16. Signature of Requesting Party or Representative:

[_____]

Date: *(DD/MM/YYYY)* [__ / __ / __]

For Official Use Only

Received by:

　Name/Signature:

　Position:

Date and Time Received:

Remarks:

For follow-ups or other inquiries, please contact +632.7844286 loc. 6131 and look for the FOI Receiving Officer on duty.