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|  |   |   |   |   |   |   | **CONTACT US** |
| 17F BDO Towers Valero8741 Paseo De Roxas St., 1226 Makati City | Tel/Fax No.: | 8885-4700 / 8893-4480 |
|  | Email: | entesoro@philguarantee.gov.ph |   |
|   |   |   |   |  |  |  | Website: | www.philguarantee.gov.ph |   |
| **ACCESS TO INFORMATION REQUEST FORM** |
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|
| To be accomplished by the Applicant |   |   |   |   |   |   |   |   |
| 1. Name : |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |
| 2. Residence/Business |   |   |   |   |   |   |   |   |   |
|  Address |  | House No./Blk. No. |  |  | Street |  |  | Barangay |   |
|   |  |  |   |   |   |   |   |   |   |   |   |
|   |  |  | City/Municipality |   |  |  |  |  |  |   |
| 3. Proof of Identity: |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |
| 4. Contact Information |   | Landline: |   |   | Mobile No.: |   |   | Valid Email: |   |
|   |  |  |  |  |  |  |  |  |  |  |   |
| 5. Detailed description of the information/document requested: |   |   |   |   |   |
|   |  |  |  |  |  |  |  |  |  |  |   |
| 6. Purpose of the request: |   |   |   |   |   |   |   |   |   |
|   |  |  |  |  |  |  |  |  |  |  |   |
| 7. Name and signature of authorized representative if any: | Proof of identity and/or evidence of authority: |
|   |  |  |  |  |  |  |  |  |  |  |   |
| **CERTIFICATION UNDER OATH** I hereby certify under oath that the undersigned is the person whose name and signature appears here and that the above-requested information will be used for the stated purpose/s and for no other. None of the contents of such document/information will be disclosed to a third party, except the applicant here. I have not misused any information previously obtained from this Office. In case where a study is conducted in line with a school-sanctioned project, the identity of the concerned public officer/s or employee/s shall not be unduly disclosed but shall be referred in general terms (e.g. mayors of Metro Manila) to prevent unnecessary disclosure of information about the public official/s or employee/s. Should I violate the terms of this undertaking, I understand that I will be proceeded against under the Revised Penal Code for perjury.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature over printed name  |