

Freedom of Information (FOI) Request Form

REQUESTING PARTY

Complete Name of the 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

Contact Details:

Telephone No. Mobile No. Fax No. Email Address

Sex: ☐ Male ☐ Female Citizenship: _____

Social Classification: ☐ Abled ☐ Differently-abled ☐ Indigenous Person
☐ Senior Citizen ☐ Youth ☐ Out-of-school Youth

Proof of Valid Identification: ☐ Passport ☐ SSS/GSIS ID ☐ Voter's ID
(Please attach copy) ☐ Driver's License ☐ Postal ID ☐ Others (Please specify: _____)

Preferred Mode of Communication: ☐ Landline ☐ Fax ☐ Email ☐ Mobile

Preferred Mode of Receiving Requested Information: ☐ Email ☐ Registered Mail ☐ Private courier
☐ Fax ☐ Pick-up at DTI (If your request is successful, we will be sending the documents to you in this manner)

REPRESENTATIVE/GUARDIAN (if applicable)

Complete Name of Representative/ Guardian:

Title/Prefix First Name Middle Name Last Name Suffix

Proof of Valid Identification: _____ Valid Proof of Authority: _____
(please attach copy) (please attach copy)

REQUESTED INFORMATION

Title of Document Requested : ☐ Photocopy ☐ Softcopy

Note: Please provide as much detail as you can

Date/Period Covered

(DD/MM/YYYY – DD/MM/YYYY):

Specific Purpose (Please be as specific as possible):

Note: The following general averments of the purpose 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.

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 may be shared across DTI 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 assure the notification of DTI 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 from this Office;
- I have read the privacy notice and understand that the DTI 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 the 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.

Signature Over Printed Name

Date Accomplished (DD/MM/YYYY)

Please affix right thumbmark if unable to write

FOI RECEIVING OFFICER (For internal use only)

Tracking Number: _____

Received by:

(Last Name, First Name, Middle Name)

Date received:

(DD/MM/YYYY)

Action/s Taken: