



OFFICE 365 ACCOUNT APPLICATION FORM

User Information					
Name:	Carmela C. Guibone				
Emp ID No:	XIII-195	Birthday:	March 8, 1990		Gender:
Position:	Attorney III				
Employment Status	Permanent				
Office/Bureau:	DTI, Consumer Protection Division				
Division:	Consumer Protection Division				
Office Address:	JC Aquino				
Office Phone:		Mobile Phone:	09084343136		Fax No.
Applicants Signature		<i>C. C. Guibone</i>			
Date:		Dec. 20, 2023			

User's Primary Device Information:			
<i>Please provide information on the machine that will be used in this Account</i>			
Computer Type: (Server/Desktop/Notebook)		CPU Type: (Intel i7, i5, i3 or lower)	
Memory Capacity:		Hard Disk Capacity:	
Operating System:		MS Office Version	
User's Other Device:			
	Brand	Operating System (e.g. Andriod, Windows Phone, IOS, Others)	
Mobile Phone			
Tablet			
Other			

Approval:	
Approved by:	
Signature Approving Director/Chief	
Date:	

SPACE FOR MIS USE:	
Approved Email / Login Account:	
Display Name:	
Initial Password:	
Email Account	
Process by:	
Date Processed:	
Remarks:	