

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
Contact Details:		Telephone No.	Mobile No.	Fax No.	Email Address	
Sex:		<input type="checkbox"/> Male	<input type="checkbox"/> Female	Citizenship: _____		
Social Classification:		<input type="checkbox"/> Abled	<input type="checkbox"/> Differently-abled	<input type="checkbox"/> Indigenous Person		
		<input type="checkbox"/> Senior Citizen	<input type="checkbox"/> Youth	<input type="checkbox"/> Out-of-school Youth		
Proof of Valid Identification: (Please attach copy)		<input type="checkbox"/> Passport	<input type="checkbox"/> SSS/GSIS ID	<input type="checkbox"/> Voter's ID		
		<input type="checkbox"/> Driver's License	<input type="checkbox"/> Postal ID	<input type="checkbox"/> Others (Please specify: _____)		
Preferred Mode of Communication:		<input type="checkbox"/> Landline	<input type="checkbox"/> Fax	<input type="checkbox"/> Email	<input type="checkbox"/> Mobile	
Preferred Mode of Receiving Requested Information:		<input type="checkbox"/> Email	<input type="checkbox"/> Registered Mail	<input type="checkbox"/> Private courier		
		<input type="checkbox"/> Fax	<input type="checkbox"/> 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: (please attach copy)		Valid Proof of Authority: (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.

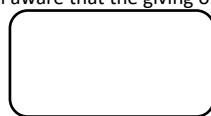
UNDERTAKING

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: