



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. Provided: (With photograph and signature)

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

Agency ID Voter's ID

6. Contact Details:

Landline:

Country Code	Area Code	Number
()	()	

Fax:

Country Code	Area Code	Number
()	()	

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: (if applicable) / /
mm/dd/year

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 Biodiversity Management Bureau (BMB). I understand that BMB may collect, use and disclose personal information contained in this request based on BMBs Data Privacy Policy in compliance to the Data Privacy Act.

16. Signature of Requesting Party or Representative:

Date: (DD/MM/YYYY)

For BMB Official Use Only
Received by:
Name/Signature:
Position:
Date and Time Received:
Remarks: