

## FREEDOM OF INFORMATION REQUEST FORM

PPPI-F-FOI-1

### PART I. PERSONAL INFORMATION

<p>1. Full Name : <input style="width: 100%;" type="text"/></p> <p>Surname : <input style="width: 100%;" type="text"/></p> <p>Family Name <input style="width: 100%;" type="text"/></p> <p>Middle Name <input style="width: 100%;" type="text"/></p> <p>2. Complete Address <input style="width: 100%;" type="text"/></p> <p>Apt/House No./Street <input style="width: 100%;" type="text"/></p> <p>Bldg Name/Subd. Name <input style="width: 100%;" type="text"/></p> <p>Brgy/District <input style="width: 100%;" type="text"/></p> <p>City/Municipality <input style="width: 100%;" type="text"/></p> <p>Province <input style="width: 100%;" type="text"/></p> <p>3. Company/Affiliation/Organization/School and Position : <input style="width: 100%;" type="text"/></p> <p>4. ID Number <input style="width: 100%;" type="text"/></p> <p>5. Type of I.D. Given : <i>(With Photograph and signature)</i></p> <p><input type="checkbox"/> Passport   <input type="checkbox"/> Driver's Licence   <input type="checkbox"/> others: <i>(Please Specify)</i></p> <p><input type="checkbox"/> SSS/GSIS   <input type="checkbox"/> Postal   <input style="width: 100%;" type="text"/></p>	<p>6. Contact Details : <input style="width: 100%;" type="text"/></p> <p>Landline No.: <input style="width: 100%;" type="text"/></p> <p>Mobile No.: <input style="width: 100%;" type="text"/></p> <p>E-mail Address : <input style="width: 100%;" type="text"/></p> <p>7. Preferred Mode of Communication :  <input type="checkbox"/> Landline   <input type="checkbox"/> Mobile   <input type="checkbox"/> E-mail   <input type="checkbox"/> Postal Address</p> <p>8. Preferred Mode of Reply/Response :  <input type="checkbox"/> Pickup   <input type="checkbox"/> E-mail   <input type="checkbox"/> Postal Address</p> <p>9. Name of Representative/Guardian: <i>(if applicable)</i></p> <p>Surname <input style="width: 100%;" type="text"/></p> <p>First Name <input style="width: 100%;" type="text"/></p> <p>10. I.D. of Representative : <input style="width: 100%;" type="text"/></p> <p>11. Proof of Authority : <input style="width: 100%;" type="text"/></p>
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### PART II. REQUESTED INFORMATION


<p>12. Title of Document/Record Requested : <input style="width: 100%;" type="text"/></p> <p><i>(Please provide as much detail as you can)</i></p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p><input type="checkbox"/> Photocopy   <input type="checkbox"/> Certified Photocopy   <input type="checkbox"/> Certified Truecopy</p> <p>14. Purpose of Request <i>(Please be as specific as possible)</i></p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>15. Any other relevant information : <input style="width: 100%;" type="text"/></p>	<p>13. Date of Document : <input style="width: 100%;" type="text"/></p>
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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 Philippine Pharma Procurement Inc. (PPPI). I understand that the PPPI may collect, use and disclose personal information contained in this request.

<p>16. Signature of Requesting Party or Representative :</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Date : (DD/MM/YYYY) <input style="width: 100%;" type="text"/></p>	<p><b>For Official Use Only</b></p> <p>Received by :  Name/Signature :  Position :  Date and Time Received :  Remarks :</p>
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For follow-ups or other inquiries, please contact +632.8401123 / +632.8402680 / +632.8403704 / +632.8404540 / +632.8404056

**This will served as acknowledge receipt of the request party or representative :**

 <p>Requestor <input style="width: 100%;" type="text"/></p> <p style="text-align: center;">Signed over Printed Name</p> <p>Remarks : <input style="width: 100%;" type="text"/></p>	<p>Date and Time Received : <input style="width: 100%;" type="text"/></p> <p>FOI Receiving Officer : <input style="width: 100%;" type="text"/></p> <p style="text-align: center;">Signed over Printed Name</p>
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