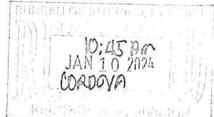


REPUBLIC OF THE PHILIPPINES DEPARTMENT OF FINANCE BUREAU OF INTERNAL REVENUE

FREEDOM OF INFORMATION REQUEST FORM



PART I. INFORMATION ON REQUESTING PARTY	RECORD TO A MAN WAY
1 Title: (Mr/Mrs/Miss/Ms) Others:	6 Contact Details: Country Code Area Code Number
2 Full Name:	Landline
Surname	Fax
First Name	Mobile
Middle Name	Email
3 Complete Address:	7 Preferred Mode of Communication:
Apt/House No/Street	(For clarification and other matters)
Brgy/District	Landline Mobile E-mail Postal Address
City/Municipality	8 Preferred Mode of Reply/Response:
Province	Landline Mobile E-mail Postal Address
4 Company/Affiliation/Organization/School and Position:	9 Name of Representative/Guardian:
	Surname
5 Type of I.D. Given: (with photograph and signature)	First Name
Passport Driver's License Others: (Pls. specify)	10 I.D. of Representative:
Postal ID Voter's ID	11 Proof of Authority:
PART II. REQUESTED INFORMATION	!
· · · · · · · · · · · · · · · · · · ·	An Care of Commander of the Care of Ca
12 Title of Document/Record Requested: (please provide as much detail as you can)	13 Date of Document: (mm/dd/yyyy)
Photocopy Certified Photocopy .	Certified True Copy .
3 Ty	
	n 1
14 Purpose of the Request: (Please be as specific as possible)	
,	
15 Any other relevant information:	50
Language of the state of the st	
I declare and certify that the information provided in this form is complete and c documents is a criminal offnse. I bind myself and principal to use the requeste	
conditions as may be prescribed by the Bureau of Internal Revenue. I understa	
information contained in this request.	and that the bureau of internal nevertoe may conect, ose, and osselose personal
100 COPPLY 13 COPP (1900 PROSESTED FROM 10 ESP-6 VICE AND 13 ESP-6 ESP-6 SPECIFICAL.)	
4월1일 - 일일에 보면하는 100명에 대한 201일에는 - 일본에 되어 보면하는 100명에 되는 100명에 140명이 140명이 150명이 150명	
16 Signature of the Requesting Party or Representative:	_
16 Signature of the Requesting Party or Representative:	Received By:
16 Signature of the Requesting Party or Representative:	Received By: Name/Signature:
16 Signature of the Requesting Party or Representative: Date: (mm/dd/yyyy)	Received By:

For follow-up or other inquiries, please look for the FOI Receiving Officer on duty.