





Coconut Industry Investment Fund OIL MILLS GROUP (CIIF OMG)
16th Floor, UCPB Building, Makati Avenue, Makati City

## FREEDOM OF INFORMATION REQUEST FORM

PART I. INFORMATION ON REQUESTING PARTY	
1. Title: (Mr/Mrs/Miss/Ms) Others	6. Contact Details:
2. Full Name:	Landline: Country Code Area Code Number ( ) ( )
Surname	Fax: ( ) ( )
First Name	Mobile:
(Including M.I.)  3. Complete Address:	E-mail:
Apt/House No./Street	7. Preferred Mode of Communication:
Brgy/District	(For clarification and other matters)  ☐ Landline ☐ Mobile ☐ E-mail ☐ Postal Address
City/Municipality	Referred Mode of Reply/Response:
Province	☐ Pick-up ☐ Fax ☐ E-mail ☐ Postal Address
Company/Affiliation/Organization/School and Position:	9. Name of Representative/Guardian: (#applicable)
	Surname
5. Type of I.D. Given: (with photograph and signature)	First Name
☐ Passport ☐ Driver's License ☐ Others: (Pls. Specify)	10.l.D. of Representative:
☐ Postal ID ☐ Voter's ID	11.Proof of Authority:
12.Title of Document/Record Requested: (Please provide as much detail as you can)  Photocopy Certified Photocopy	13. Date of Document: (DD/MM/YYYY) / /  ☐ Certified True Copy
14. Purpose of Request (Please be as specific as possible):	
15. Any other relevant information:	
information or using forged documents is a criminal offer only for the specific purpose stated and subject to such o	orm is complete and correct. I am aware that giving false or misleading onse. I bind myself and my principal to use the requested information of the conditions as may be prescribed by the Office of the President. I see and disclose personal information contained in this request.
16. Signature of Requesting Party or Representative:	For Official Use Only
	Received by:
	Name/Signature:
Date: (pp/////yyy) / /	Position:  Date and Time Received:
Date. (DUMMATTT)	Remarks:
	Committee Commit