

## OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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## REQUEST FOR INFORMATION/RECORD

		4	Date:
Name of Requestor:	EDDIE W. WI	4RA H GUIT	
Address:	BROW PAHGAS	SUGAH	
Contact Number:	09621853741	1 anser	E-mail address:
Proof of Identity:	DRNER'S LICE	SHSE	ID No .: 412 -09 -00 1099
Requested Information	on: Kthrate tylldyn	MEHT	
No. of copies:			
Reason & intended use of requested information/document  ARRICATION FOR LOAN			
EDDIE MARANGUIT  Name & Signature of Requestor/Representative			
Action on the request:			
Approved:			
RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker			
Evidence of payment: OR No. 0614632 Date: 623/22 Amount: 10/			
Disapproved:			
		AN C. GUINOCO AS and FOI Decis	
Remarks/reason for disapproval:			

No.