

## OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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## REQUEST FOR INFORMATION/RECORD

Date: April 7, 2022	
Name of Requestor:  Address:  Contact Number:  Proof of Identity:  NCM ID  E-mail address: Liu - Salmat CVSM udu  NOO 461	ph
Requested Information: SALN - 2020	
No. of copies:	
Reason & intended use of requested information/document	
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Name & Signature of Requestor/Representative  Action on the request:	
Approved:	
RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker	
Evidence of payment: OR No. 0611646 Date: #417 22 Amount: 10/	
Disapproved:	
RYSAN C. GUINOCOR  Director, ODAS and FOI Decision Maker	
Remarks/reason for disapproval:	