

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

	Cartil Junda D.		Date: _&	2/08/22	
Name of Requestor:	Castil, Jundy, R. Castil, Florence Ad	lelun A.		7	
Address:	Apt. 1, Warners St., 1.	Banbar VSU. Banb	an City, Leute		
Contact Number:	09/29/97540		-mail address:	jundo castila	veu-edu. A
Proof of Identity:	ID		ID No.: /	008994 00849	A
Requested Information	on:			war of war /	//
Service	Record				-
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No. of copies:					
Reason & intended u	use of requested inform	nation/document			
	YBC 46/ Sth Cycle 1				_
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JUNDA	R. CAM				
Signature of Reques					
Action on the reque	est:				
Approved					
Approved:					
	RYSAN	C. GUINOCOR			
	Director, ODAS a	and FOI Decision	Maker		
Evidence of payment	t: OR No	Date:	Amou	unt:	
Disapproved:					
	RYSAN (Director, ODAS a	C. GUINOCOR	Makar		
	Director, ODAS a	ind FOI Decision	waker		
Remarks/reason for	disapproval:				