

## OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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## REQUEST FOR INFORMATION/RECORD

			Date:1-18-	22
Name of Requestor:	Emile F. Toc			
Address:	Kilim, Baybay	City, whe		
Contact Number:	09052972128		address: tecmoemi	lee@gmail.
Proof of Identity:	PhilHealth		ID No.: 13-00	010221
Requested Informatio	n: Certificate of	Fly algebraid	(Pices attend	الما الماء
	COMPT CAPE OF	- Chaptery MEAN	CTOSCE and	as letter
No. of copies:	(2)		20	
Reason & intended us	se of requested information on the read (	on/document hu	shands' work	C
appli	cution abroad (	Canada).		
[0]				
Signature of Requests	- /Depresentative			
Signature of Requesto	or/Representative			
Action on the reques	st:			
Approved:				
		GUINOCOR I FOI Decision Maker		
Evidence of payment:	OR No. <u>0606363</u>	Date: <u>\an. 18, 20:</u>	22 Amount:	20.0
Disapproved:				
		GUINOCOR		
	Director, ODAS and	I FOI Decision Maker		
Remarks/reason for d	isapproval:			
			<i>s</i>	