

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

Date: 4/20/22	
Name of Requestor: Nymphmany Dophne J. Santiago	
Address: Lower Poblacion, Pilar, Cebu	
Contact Number: <u>b92073[4040</u> E-mail address: <u>hympholaphnesantiago @gma</u>	il com
Proof of Identity:	
Requested Information: Certificate of Employment	
No. of copies:2	
Reason & intended use of requested information/document BIR Registration Vpdots	
Fronz Joseph B. Nayre Name & Signature of Requestor/Representative	
Action on the request:	
Approved:	
RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker	
Evidence of payment: OR No Date: Amount:	
Disapproved:	
RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker	
Remarks/reason for disapproval:	,