



REQUEST FOR INFORMATION/RECORD

Date: May 18, 2022

Name of Requestor: Jeffrey T. Gloria

Address: Brgy. San Agustin Baybay City Leyte

Contact Number: 09102322208

E-mail address: jeffreylgloia90@gmail.com

Proof of Identity: PhilHealth

ID No.: 13-025500318-7

Requested Information:

Certificate of termination

No. of copies: 1

Reason & intended use of requested information/document

BIR (Closure as a J-O)

JEFFREY T. GLORIA

Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0612801 Date: 5/18/22 Amount: 10/-

Disapproved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: