



REQUEST FOR INFORMATION/RECORD

Date: 4/22/22

Name of Requestor: Wenigreda T. Oclinares

Address: AREAS House, VSU

Contact Number: 09659672203

E-mail address: wennieoclinares@yahoo.com

Proof of Identity: VGM ID

ID No.: 11000071

Requested Information: Service Record

No. of copies: 3

Reason & intended use of requested information/document
pag ibig claim

WENIGREDA T. OCLINARES
Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0611799 0611978 Date: 4/19/22 4/25/22 Amount: 10/- 20/- 30/-

Disapproved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: