



**FREEDOM OF INFORMATION REQUEST FORM**  
 (Pursuant to Executive Order No. 2, s. 2016)  
 (as of November 2016)

A. Requesting Party		
Title (e.g. Mr, Mrs, Ms, Miss)	Given Name/s (including M.I)	Surname
Complete Address (Apt/House Number, Street, City /Municipality, Province)		Citizenship
Landline/Fax	Mobile	Email
Preferred Mode of Communication <input type="checkbox"/> Landline <input type="checkbox"/> Mobile Number <input type="checkbox"/> Email <input type="checkbox"/> Postal Address		
Type of ID Given (Please ensure your IDs contain photo & signature)		
<input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> SSS ID <input type="checkbox"/> Postal ID <input type="checkbox"/> Voter's ID <input type="checkbox"/> School ID <input type="checkbox"/> Company ID <input type="checkbox"/> Others		

B. Requested Information	
Document/Record Requested (Please be as detailed as possible)	
Period Covered (DD/MM/YY)	
Purpose	

**C. Privacy Notice**

The information provided by the GSIS shall not be used for commercial purposes, and shall not be sold or shared to any person or entity without the consent of the GSIS.

Signature : \_\_\_\_\_

Date Accomplished (DD/MM/YYYY) : \_\_\_\_\_

D. FOI Receiving Officer [INTERNAL USE ONLY]
Name (Print name)
The request is recommended to be: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
If Denied, please tick the Reason for the denial:
<input type="checkbox"/> Invalid Request <input type="checkbox"/> Incomplete <input type="checkbox"/> Data already available online

Signature : \_\_\_\_\_

Date Signed (DD/MM/YYYY) : \_\_\_\_\_