Philippine Overseas Employment Administration

Republic of the Philippines
Department of Labor and Employment
BFO Building, Ortigas Avenue cor. EDSA, Mandaluyong City 1501

Website: www.poea.gov.ph E-mail: info@poea.gov.ph
Hotlines: 722-1144, 722-1155

CERTIFICATION INTERNATIONAL ISO 9001:2008 CIP/4676/12/08/811 ACCREDITED QMS Certification Body Accreditation No: MSA-001

FREEDOM OF INFORMATION REQUEST FORM

(Pursuant to Executive Order No. 2, s. 2016)

A. Requesting Party

1. Title *(e.g. Mr, Mrs, Ms, Miss)*	**2. Given Name/s** *(Including M.I.)*	**3. Surname**

4. Complete Address *(House Number/Street/ Municipality/Province/City*

5, Landline/Fax	**6. Mobile**	**7. Email**

8. Preferred Mode of Communication [ ] Landline [ ] Mobile Number [ ] Email [ ] Postal Address

9. Preferred Mode of Reply [ ] Email [ ] Fax [ ] Postal Address [ ] Pick-up at Agency

Type of ID Given [ ] Passport [ ] Driver's [ ] SSS ID [ ] Postal ID [ ] Voter's ID **[**] School ID [ ] Company ID [ ] Others

B. Requested Information

10. Agency/Connecting Agency

11. Title of Document/Record Requested	**13. Reference Numbers** *(if known)*

14. Date or Period *(DD/MM/YYYY*) **15. Purpose**

15. Document Type [ ] Photocopy [ ] Certified Photocopy [ ] Certified True Copy [ ] Electronic Copy

16. Other relevant information

C. Declaration

I declare and certify that the information provided in this form is complete and correct. I am aware that giving false or misleading information or using forged documents is a criminal offense. I bring myself and my principal to use the requested information only for the specific purpose stated and subject to such other conditions as may be prescribed by the Philippine Overseas Employment Administration (POEA). I understand that the POEA may collect, use and disclose personal information contained in this request.	**Signature of Requesting Party or Representative**

D. FOI Receiving Officer (INTERNAL USE ONLY)

Name of Receiving Officer	**Date Received**

Request is recommended to be [ ] Approved [ ] Denied **If denied, check reason** [ ] Invalid Request [ ] Incomplete [ ] Data available online

Name of Decision Maker	**Date Received**

Action on Application [ ] Approved [ ] Denied	**If denied, check reason** [ ] Invalid Request [ ] Incomplete [ ] Data available online
	If approved, date documents released _____

Remarks