



PHILIPPINE DEPOSIT INSURANCE CORPORATION

Bank deposit mo, protektado!

REQUEST FOR ACCESS TO INFORMATION

To: The Department Manager

Public Assistance Department (PAD)
Public Assistance Center, Philippine Deposit Insurance Corporation
3/F SSS Building, 6782 Ayala Avenue corner V.A. Rufino St.
Makati City 1226
Tel. No. : (632) 8841-4141; Email : pad@pdic.gov.ph

IMPORTANT REMINDERS:

1. Request form is not applicable to the following: (1) depositors/creditors/borrowers of closed banks in relation to their respective accounts; (2) member-banks and other PDIC counter-parties in relation to their respective transactions with PDIC; and (3) if information being requested is already posted/ published in the PDIC website (www.pdic.gov.ph)
2. All information are required to be filled-up. Print legibly.
3. Request form should be accomplished in duplicate copies, notarized and should either be delivered personally or mailed to the above address.
4. For requests for SALN, an Undertaking (Annex "D-1", FOI Manual) shall be attached to and made integral part of this Form.
5. Fees shall be charged for photocopying, printing, certification, mailing and other reasonable costs.
6. For further details, please see PDIC's People's Freedom of Information Manual posted in www.pdic.gov.ph.

Full Name: (Last Name, First Name, Middle Initial)		Date of Request:
Complete Address: (House No., Street, Barangay, Town/City)		
Mobile/ Telephone Nos.:		Email Address:
Proof of Identity (Any government-issued ID with photo. Indicate Issuing Government Office, ID No., Date Issued/Validity)		
Document(s)/Information Requested (Use separate sheets, if necessary)		
Document/Information Details (Description of document/ information requested.)		
Purpose of Request		
Mode of Release of Document/Information (How would you like to receive the information?)	Please check one: <input type="checkbox"/> Pick-up <input type="checkbox"/> Mail/Courier <input type="checkbox"/> Email (if requested information/document is readily available in electronic format) <input type="checkbox"/> Fax (Fax No.: _____) (not available for voluminous documents)	

I hereby certify that this Request for Access to Information is made in good faith, that the personal information provided herein are true and correct and that the information requested shall not be used for any purpose contrary to law, or to harass any person, to commit any injustice, or any purpose other than the purpose(s) declared above.

Signature of Requesting Party

SUBSCRIBED AND SWORN to before me this _____ day of _____, affiant exhibiting to me his/her photo-bearing ID _____ numbered _____ issued on/valid until _____.

Notary Public

Note: Request for access to information shall be **denied or refused acceptance** on any of the following grounds: (a) when the information is not considered as part of the public records of the Corporation; (b) when information is subject of a pending case, in which instance, request for information may be coursed through the courts; (c) when the reason for the request is contrary to law; (d) when the same is considered as personal information subject to protection as provided under Section E (3); (e) when the request is unreasonably identical or substantially similar to an earlier request by the same person that has been acted upon by the Corporation; and (f) when the information falls under any of the exceptions enshrined in the Constitution, existing law or jurisprudence, including the inventory of exceptions circularized by the Office of the President as determined to be applicable to the Corporation.

- To be accomplished by PDIC personnel -

RECEIVING UNIT	RESPONSIBLE UNIT	APPROVING AUTHORITY
DATE RECEIVED: TIME RECEIVED: RECEIVED BY: _____ Name, Position and Signature REFERENCE NO. ASSIGNED: _____ REFERRED TO (Responsible Unit): Date referred: _____	VALIDATION: <input type="checkbox"/> Compliant <input type="checkbox"/> Clarification: _____ _____ <input type="checkbox"/> Additional Information: _____ _____ <input type="checkbox"/> Other: _____ _____ Name, Position and Signature Date: _____	ACTIONS TAKEN: <input type="checkbox"/> Granted <input type="checkbox"/> Denied* <input type="checkbox"/> Extension* <i>(see separate Notice of Denial/ Extension)</i> _____ Name, Position and Signature Date: _____
IF REQUEST IS GRANTED: RELEASED ON: _____ RELEASED BY: _____ Name, Position and Signature		