



PHILIPPINE RETIREMENT AUTHORITY
 29F BDO Towers Valero (formerly Citibank Tower),
 Paseo de Roxas, Makati City 1209 Metro Manila, Philippines

FOI Tracking Number: _____

FOI REQUEST FORM

Name: _____ Date of Request: _____
 Contact Number: _____ Releasing Date: _____
 Email Address: _____
 Complete Address: _____
 Office/School/ _____
 Affiliation and Position: _____

DETAILS ON REQUESTED INFORMATION		
What document/s or information are you looking for? <i>Ano po ang hinahanap ninyong dokumento o impormasyon?</i>		
What is the covered period of the document/s or information requested for? <i>Anong panahon ang saklaw ng dokumento o impormasyong iyong hinahanap?</i>	What is the purpose of the request for the document/s or information? <i>Ano po ang layunin sa paghiling ninyo sa dokumento o impormasyon?</i>	
Requirements: <input type="checkbox"/> This duly accomplished FOI Request Form <input type="checkbox"/> Authorization for Representative <input type="checkbox"/> 1 Valid Government-recognized ID <i>Type of ID: _____</i>	Preferred Mode of Delivery: <input type="checkbox"/> Pick-up at the PRA Office <i>(Requires printed copies; for assessment of cost/s)</i> <input type="checkbox"/> Mail/Courier <i>(Requires printed copies; for assessment of cost/s)</i> <input type="checkbox"/> E-mail <i>(Electronic copies only; no assessment of cost/s)</i>	For Representatives: Name: _____ Relationship: _____ ID Presented: _____ <small>I declare and certify that the information provided in this form is complete and correct. I am aware that giving false/misleading information or using forged documents is a criminal offense. I bind myself and my principal to use the requested information only for specific purpose stated. I understand that PRA may collect, use and disclose personal information contained in this request.</small> _____ Signature over Printed Complete Name
FOI RECEIVING OFFICE	DEPARTMENT/DIVISION/ UNIT CONCERNED	
Received: Date: _____ Time: _____ Name: _____ Position: _____	Received: Date: _____ Time: _____ Name: _____ Position: _____	
Signature:	Signature:	
TERMS OF USE: <small>This document and any information provided: (a) shall not be used for any purpose other than what is indicated in the FOI request as approved; (b) shall not be used for purposes contrary to law, morals, good customs, or public policy; and (c) shall not be reproduced for any commercial use. Any violation shall be addressed accordingly. However, should the requesting party opt to have herein FOI request endorsed to another government agency or instrumentality, the FOI requesting party hereby agrees to the disclosure of the information contained in this document and its accessories to the concerned government agency or instrumentality.</small>		

FOI RECEIVING OFFICER [INTERNAL USE ONLY]

Date entered into the Request Tracking System	
Proof of ID Presented	<input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Company ID <input type="checkbox"/> SSS/GSIS ID <input type="checkbox"/> School ID <input type="checkbox"/> Voter's ID <input type="checkbox"/> Postal ID <input type="checkbox"/> Others _____
Decision on Application/Request	<input type="checkbox"/> Approved <input type="checkbox"/> Denied: <input type="checkbox"/> Invalid Request <input type="checkbox"/> Incomplete <input type="checkbox"/> Data already available <input type="checkbox"/> online <input type="checkbox"/> Exception <input type="checkbox"/> Similar/Identical Request
Department/Division/Unit who has ownership over the documents containing the requested information (<i>print name</i>)	
Additional decision on Application/Request	<input type="checkbox"/> Consultation Date: _____ <input type="checkbox"/> Referral Date: _____ <input type="checkbox"/> Clarification Date when requesting party was notified: _____ Date clarification was received: _____ <input type="checkbox"/> Extension of Time Date when requesting party was notified: _____ Grounds for extension: _____ _____
Decision Maker Assigned (<i>print name</i>)	
Date Request Finished (DD/MM/YYYY)	
Date Request/s Sent (DD/MM/YYYY)	
Mode of Request/s Delivery	<input type="checkbox"/> Pick up at the PRA Office <input type="checkbox"/> Mail/Courier <input type="checkbox"/> Email
FOI Registry Accomplished	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
Receiving Officer Signature	
Date (MM/DD/YYYY)	