

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

		Date: 2-/4-2 L2
Name of Requestor:	WELL MARIE D. WACH	
Address:	DISM, Vikayas Starte Unin	nsily
Contact Number:	09095701470	E-mail address: cella mare alaubavare
Proof of Identity:	TIP	ID No.: 263122009
Requested Informatio	n: verile hand	
No. of copies:	1	
	se of requested information/docum	nent
NBC	461	
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WOULD MARKE D	V 17	
Name & Signature of	Requestor/Representative	
Action on the reques	st:	
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Approved:		ž.
	RYSAN C. GUINOCO Director, ODAS and FOI Decis	
Evidence of payment:	OR No. <u>0627432</u> Date:	4 Fob. 2022 Amount:P
Evidence of payment: Disapproved:	OR No. <u>0 6 7432</u> Date:	4 F.b. 2022 Amount:
	OR No. <u>0 6 7432</u> Date:	4 F.b. 1022 Amount:
	RYSAN C. GUINOCO	DR .
		DR .

No.