FOI REQUEST FORM

Republic of the Philippines
SOCIAL SECURITY SYSTEM

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph

PLEASE READ THE INSTRUCTIONS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

PART I - TO BE FILLED OUT BY REQUESTING PARTY

A. REQUESTING PARTY'S DATA

<table>
<thead>
<tr>
<th>TYPE OF REQUESTING PARTY</th>
<th>Individual</th>
<th>Company/Association/Institution, etc. (indicate name):</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME</td>
<td>(LAST NAME)</td>
<td>(FIRST NAME) (MIDDLE NAME) (SUFFIX)</td>
</tr>
<tr>
<td>DATE OF BIRTH (MM/DD/YYYY)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAILING ADDRESS</td>
<td>(ZIP CODE)</td>
<td>(TELEPHONE NUMBER (AREA CODE + TEL. NO.))</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(E-MAIL ADDRESS)</td>
</tr>
<tr>
<td>SUBDIVISION</td>
<td>(BARANGAY/DISTRICT/LOCALITY)</td>
<td>(CITY/MUNICIPALITY) (PROVINCE)</td>
</tr>
<tr>
<td>ZIP CODE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. REQUEST

<table>
<thead>
<tr>
<th>INFORMATION BEING REQUESTED</th>
<th>PURPOSE FOR REQUEST</th>
</tr>
</thead>
<tbody>
<tr>
<td>INFORMATION CODE</td>
<td>PERIOD COVERED</td>
</tr>
<tr>
<td>INFORMATION TITLE</td>
<td></td>
</tr>
<tr>
<td>SPECIFIC SUBJECT (write “N/A” if not applicable)</td>
<td>MODE OF TRANSMITTED OF INFORMATION</td>
</tr>
<tr>
<td></td>
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</tbody>
</table>

C. CERTIFICATION

I certify that the details provided in this form are true and correct and I agree to pay the corresponding fee for the reproduction and transmittal (for courier service) of the requested information.

SIGNATURE OVER PRINTED NAME
DATE

PART II - TO BE FILLED OUT BY FOI RECEIVING BRANCH

RECEIVED AND SCREENED BY

SIGNATURE OVER PRINTED NAME
POSITION TITLE
BRANCH NAME
DATE & TIME

TRANSACTION RESULT APPROVED BY

SIGNATURE OVER PRINTED NAME OF BRANCH HEAD
DATE & TIME

PART III - APPEAL

This is to request for reconsideration of your decision to deny my request for information. My ground/s for requesting for reconsideration is/are

SIGNATURE OVER PRINTED NAME
DATE

ACKNOWLEDGEMENT STUB

INFORMATION BEING REQUESTED

INFORMATION CODE
PERIOD COVERED

SPECIFIC SUBJECT (write “N/A” if not applicable)

RECEIVED AND SCREENED BY

SIGNATURE OVER PRINTED NAME
POSITION TITLE
BRANCH NAME
DATE & TIME

TRANSACTION RESULT APPROVED BY

SIGNATURE OVER PRINTED NAME OF BRANCH HEAD
DATE & TIME

RECEIVED BY

SIGNATURE OVER PRINTED NAME
POSITION TITLE
DATE & TIME

CONTACT INFORMATION OF THE BRANCH: