



BATAAN GENERAL HOSPITAL AND MEDICAL CENTER

Balanga City, Bataan

ISO-QMS 9001 CERTIFIED



FOI Request No.: _____

FREEDOM OF INFORMATION REQUEST FORM

PART I. INFORMATION ON REQUESTING PARTY

1 Full Name:		6 Contact Details:	
Last Name		Landline	
First Name		Fax	
Middle Name		Mobile	
2 Complete Address:		E-mail	
House No:		7 Preferred Mode of Communication:	
Street		<input type="checkbox"/> Landline	<input type="checkbox"/> E-mail
Barangay		<input type="checkbox"/> Mobile	<input type="checkbox"/> Postal Address
City/Municipality		8 Preferred Mode of Reply/Response:	
Province		<input type="checkbox"/> Pick-up	<input type="checkbox"/> E-mail
3 Company/Affiliation/Organization/School/Agency:		<input type="checkbox"/> Fax	<input type="checkbox"/> Postal Address
		9 Name of Representative/Guardian (if applicable):	
4 Job Title:		Last Name	
		First Name	
5 Type of ID Given (Proof of Identity):		Middle Name	
<input type="checkbox"/> Passport	<input type="checkbox"/> Postal ID	10 ID of Representative:	
<input type="checkbox"/> Driver's License	<input type="checkbox"/> Voter's ID	Type of ID	
<input type="checkbox"/> Others: Please specify _____		ID No.	

PART II. REQUESTED INFORMATION

11 Title of Document/Record Requested:	
12 Purpose of Request (Please be specific as possible):	
13	I declare and certify that the information provided in this form is true, complete and correct. I am aware that giving false or misleading information or using forged documents is a criminal offense. I bind 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 Bataan General Hospital and Medical Center. I understand that the Bataan General Hospital and Medical Center may collect and use personal information contained in the request.

14 Signature of Requesting Party or Representative	FOR BGHMC OFFICIAL USE ONLY
_____	Received by:
Date Signed: _____	Name :
	Position :
	Signature :
	Date & Time :
	Remarks :

15 For Tracking and Follow ups			
FOI Request No		Received by	
Date Requested		Signature	

For follow ups or other inquiries, please contact (047)237-3635 or email: bgh_bataan2005@yahoo.com.ph