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## REQUEST FOR INFORMATION/DOCUMENT

Name of Requestor : \_\_\_\_\_

Office Address : \_\_\_\_\_

Residence Address : \_\_\_\_\_

Contact Details:

Landline No. \_\_\_\_\_  Mobile No. \_\_\_\_\_

E-mail add: \_\_\_\_\_

### Information/Document Requested:

SUBJECT:

\_\_\_\_\_  
\_\_\_\_\_

SHORT DESCRIPTION/DETAILS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PURPOSE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



\_\_\_\_\_

**UNDERTAKING**

I, \_\_\_\_\_, as the requestor of the foregoing information/document, solemnly undertake that should SBMA grant this request, I will not use the said information/document for any unauthorized, unlawful or criminal purpose.

I understand that the use and publication of the information/document obtained from SBMA upon this request, other than the abovementioned purpose, may give rise to civil, criminal, and administrative liability on my part.

I therefore undertake to hold SBMA free and harmless from any action, damage or liability which may be demanded and adjudged against me for the unauthorized or illegal use of the document/information obtained through this request, without prejudice to any action that SBMA may avail due to any misrepresentation and/or non-disclosure that I have committed.

\_\_\_\_\_  
Signature of Requestor

**TO BE FILLED-OUT BY THE SBMA FOI RECEIVING OFFICER (FRO):**

\_\_\_\_\_  
DATE & TIME RECEIVED

\_\_\_\_\_  
TRACKING REFERENCE NO.

ENCLOSURES/ATTACHMENTS:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

NAME & SIGNATURE OF FRO : \_\_\_\_\_