

FORM 1

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[Regulations 3]

TO: The Information Officer

I,

Full names:				
In my capacity as (mark with "x"):	Information officer		Other	
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Contact numbers:	Tel.(B):		Cellular:	

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Manner of collection (*mark with "x"*):

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Signed at _____ this _____ day of _____ 20 _____

Signature of requester