

# DATA REQUEST FORM

Reference Number \_\_\_\_\_

## Applicant and lead contact User

Full Name	Address	Organization
Mobile phone number	Email Add:	References: (Name and contact of the Head of the organization or the DPO)

## Data of which the access or information requested

Data Title:	Data Source :
Intended use for the Data:	Company to be presented

## DATA SHARING AGREEMENT

I agreed that, in consideration for the access of information submitted or provided to me by ( \_\_\_\_\_ ) under the office of \_\_\_\_\_ to keep all information provided relating to data of person involved, businesses, and other graphic designs in strict confidence. Disclose this information solely to the Person whom I signed with Non Disclosure Agreement or with person who expresses a written approval. I understand that any unauthorized disclosure of this information that are reflected in this Data Request form shall subject to the penalty under the Republic Act 10173 other known as Data Privacy Act of 2012

\_\_\_\_\_  
Signature Over Printed Name

Processed by:	Approved by :
_____	_____
Data Processor	Municipal Mayor

## DPO certification

This is to certify that I received the copy of approved Data Request form No. \_\_\_\_\_ from the office \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 2023.

This Data Request form shall be filed and recorded for any legal and technical purposes.

LEONILA D. AURE  
DPO Designate