



INFORMATION AND COMMUNICATIONS TECHNOLOGY DEPARTMENT

Request for ICTD Information Services

Date: _____

Control No: _____

Statistics Company List Others

Description of Information Requested		Geography/Location	Period Covered	
PSIC	Industry Class		Start	End

Requested by: _____

Address : _____ Signature Over Printed Name _____ Affiliation (School/Company/Others) _____

e-Mail : _____

Contact No : _____

Purpose : _____

Assessment :

Initial Payment _____ O.R. No. _____

Additional Fees

Processing Fee _____

CD Copy Fee _____

Other Fees _____

Total Amount _____ O.R. No. _____

Evaluated By : _____

Approved By : _____

OLIVER V. CHATO
Director, ICTD

Control No : _____

Date of Release : _____

Contact Person : Joy M. Paquiz

Telephone No/s : 8818 - 6894
8818 - 7204

CLAIM STUB

Upon claiming please present the original copy of the official receipt.