



Service Request and Assessment Form

Reference Number: _____
 (to be filled out by the National Privacy Commission)

A. REQUESTING PARTY:	
Date Requested:	
Name:	
Email Address/Contact Details:	

<i>Put (✓) checkmark</i>	Particulars/Type of Request	Rates
	Complaints and Investigation	
	Filing Fee for Complaints	Php 500.00
	Additional Fee for Claims of Damages a. Not more than Php 20,000.00 b. More than Php 20,000.00 up to Php 100,000.00 c. For every succeeding Php 100,000.00, or a fraction thereof	<i>Subject to computation</i>
	Motion for Reconsideration Decision from Legal and Enforcement Office Decision from Commission En Banc	Php 500.00
	Application for Cease-and-Desist Order (CDO)	Php 1,000.00
	Cease and Desist Order Bond	<i>Subject to computation</i>
	Certificate of No Pending Case	Php 500.00
	Temporary Ban Bond	<i>Subject to computation</i>
	Legal Research Fee	1% of the filing fee but not less than Php 10.00
	Advisory Opinion and Legal Research	
	Request for Advisory Opinion	Php 7,500.00
	Legal Research Fee for issuance of Advisory Opinions	Php 75.00
	Enforcement	
	Certified True Copies (CTC) of any paper, record, decree, judgment, or entry thereof. Number of Copies, Name of Document and Purpose. (<i>Use additional sheet if necessary</i>): _____ _____	Php 10.00 per page plus Php 50.00 authentication fee per document
	Request for issuances of clearances and certifications	Php 50.00 per document
	Legal Research Fee for issuance of clearances and certifications.	1% of the filing fee imposed but in no case lower than Php 10.00

B. TO BE FILLED-OUT BY THE NATIONAL PRIVACY COMMISSION (ASSESSOR):				
<i>Put (✓) checkmark</i>	Assessment:	Amount to be paid	Assessed and approved by:	Date and Time Approved:
	Proceed for payment			
	Return to Requester	<i>(Use additional sheet if necessary)</i>	_____ Signature Over Printed Name	

C. TO BE FILLED-OUT BY THE NATIONAL PRIVACY COMMISSION (ACCOUNTANT/CASHIER):			
Reference/Serial Number:		Processed by:	Date and Time Released:
Order of Payment Serial No.		_____ Accountant/Head of Accounting Unit	
Official Receipt No./Reference No.		_____ Cashier/Head of Cashier Unit	

D. TO BE FILLED-UP BY THE NATIONAL PRIVACY COMMISSION (ASSESSOR):			
<i>Put (✓) checkmark</i>	Remarks/Action Required	Processed by:	Date and Time Released:
	Approved/Issue Claim Stub		
	Other/s (specify): _____ _____	_____ Signature Over Printed Name	

E. TO BE FILLED-UP BY REQUESTING PARTY UPON RECEIPT OF REQUESTED SERVICE/S:	
Received by:	Date and Time of received:
_____ Signature Over Printed Name	

IMPORTANT REMINDER:

1. For Enforcement Services:
 - Indicate the Case Docket Number.
 - If representative, documents submitted:
 - Letter of authorization
 - Photocopy of ID with picture and signature of requesting party and duly authorized representative
2. For Advisory Opinion: If request and/or claim via representative, please present either:
 - Letter of Authorization
 - Photocopy of valid ID of representative and requesting party
3. Delivery cost and arrangement of service shall be covered by the requestor.
4. Pay exact amount only.
5. Bring the claim stub to the Office/Division below upon claiming the requested service/documents:

<input type="checkbox"/>	Administrative Services Division - General Records Unit	<input type="checkbox"/>	Compliance and Monitoring Division
<input type="checkbox"/>	Complains and Investigation Division	<input type="checkbox"/>	Policy Review Division
<input type="checkbox"/>	Enforcement Division	<input type="checkbox"/>	Others, Specify: