

Republic of the Philippines NATIONAL PRIVACY COMMISSION

5th Floor, Philippine International Convention Center, Vicente Sotto Avenue, Pasay City, Metro Manila 1307



Service Request and Assessment Form

Reference Number:

(to be f	illed out by the National Privacy Commission)
A. REQUESTING PARTY:	
Date Requested:	
Name:	
Email Address/Contact Details:	

Put (✔) checkmark	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 = Php150.00 b. More than Php 20,000.00 up to Php 100,000.00 = Php500.00 c. For every succeeding Php 100,000.00, or a fraction thereof = Php500.00		
	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	Subject to computation	
	Certificate of No Pending Case	Php 500.00	
	Temporary Ban Bond	Subject to computation	
	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 F	TILLED-OUT BY THE	NATIONAL PRIV	VACY COMM	IISSION (ASSESSOR):	
Put (✔) checkmark	Assessment:	Amount to be paid	Assess	ed and approved by:	Date and Tim Approved:
	Proceed for payment				
	Return to Requester	(Use additional sheet if necessary)	Signatu	are Over Printed Name	-
Reason for r	eturn:				
C. TO BE F	TILLED-OUT BY THE	NATIONAL PRIV	ACY COMM	IISSION (ACCOUNTAN	NT/CASHIER):
	Reference/Serial Nu	mber:	F	Processed by:	Date and Time Released:
Order of Pa	nyment Serial No.		Accountant/	Head of Accounting Unit	
Official Rec	ceipt No./Reference				
			Cashier/	Head of Cashier Unit	
D. TO BE F	TILLED-UP BY THE N	ATIONAL PRIVA	ACY COMMIS	SSION (ASSESSOR):	
Put (✔) checkmark	Romarks/Action Rogitized		F	Processed by:	Date and Time Released:
	Approved/Issue Cla	im Stub			
	Other/s (specify):				
			 Signature	e Over Printed Name	
E. TO BE F	TILLED-UP BY REQU	ESTING PARTY U	JPON RECEII	T OF REQUESTED SEI	RVICE/S:
Received by:		Date and Time of received:			
Si	gnature Over Printed	Name			
<i>3</i> 1	griature Over Frincea	ivanic			
1. For	■ Le ■ Pl re	documents submitted etter of authorization notocopy of ID with p presentative	oicture and signa	nture of requesting party and	d duly authorized
3. Deli 4. Pay	ivery cost and arrangeme exact amount only.	ation I ID of representative ent of service shall be	and requesting covered by the	party	ments:
	dministrative Services Di		ords Unit	Compliance and Mo	
	Complains and Investigation Division Enforcement Division			Policy Review Divis Others, Specify:	sion