Date:	— CBMS DATA CONSI	ENT FOI	RM Control No.
	, hereby grant co to collect and process my personal information for th dementation within the province of Ilocos Sur.		
1. Persona	I Information: The personal information to be collected	ed and proce	ssed may include but is not
Full Name		Birthday	
Address		Contact No	
Email		Occupation	
<ol> <li>Identifyi</li> <li>Designin</li> <li>Allocatin</li> </ol>	This may include but is not limited to:  ng development priorities g and implementing infrastructure projects g resources effectively ing surveys and studies related to development		
Governmei acknowled relevant go	t to Processing: I understand that by providing that of Ilocos Sur to collect, store, and process my perge that my personal information may be used for the sovernment agencies or third-party service providers elementation.	sonal inform stated purpo	ation as described above. I ses and may be shared with
security an	curity: The Provincial Government of Ilocos Sur will to do confidentiality of my personal information. I understance with applicable data protection laws and regulations	and that my	
	<b>ention:</b> My personal information will be retained only fullined in this consent form or as required by law.	or the durati	on necessary to fulfill the
_	Withdraw Consent: I understand that I have the right to the Provincial Government of Ilocos Sur. However, with		

participation in development planning and project implementation activities.

I hereby acknowledge that I have read and understood the information provided in this consent form. By signing below, I voluntarily consent to the collection and processing of my personal information by the Provincial Government of Ilocos Sur for the stated purposes.

	Effective Date	
	Address	
Sinature over Printed Name	Contact Number	

Remarks:

<sup>\*</sup>Please retain a copy of this consent form for your records. Thank you for your cooperation.