Date:	CBMS INO	UIRY SUMM	IARY FO	ORM		Control No
Section 1: In	nquirer Information					
Name	İ	Age				
Address		Birtho	day			
Tel No.		Gend				
Email		Natio	nality			
Occupation			nization			
Section 2: D	ata Requested	Time,	/Period of	Data Ne	eeded	
	Population Data					
	Demographic Data	Purpo	ose of Req	uest <i>(fill</i>	up the b	oox below)
	Health Data					
	Housing Data					
	Education Data					
	Financial Data					
	Economic Data		lled By:			
	Geographical Data	Date	Handled:			
	Others: (specifiy below)					
				Signature	over printed	name
in the inquiry	vided through the Community-Based I request. Unauthorized use, reproductor or ensuring that the data is used in	tion, or distributio	n of this d	ata is str	ictly proh	ibited. The inquirer
While efforts representation	Completeness: s are made to ensure the accuraces, or warranties of any kind, express assumes full responsibility for any conc	or implied, regardi	ng the data	a's accura	icy, comp	leteness, or reliabilit
unauthorized	ty: agrees to maintain the confidentia access, disclosure, or misuse of the c cordance with applicable data protecti	ata. Personal or se	ensitive info			•
the use or ina	ot be liable for any direct, indirect, inci bility to use the data provided. The ind sing out of or in any way connected wi	uirer releases CBM	IS from any		_	= =
	agrees to comply with all applicable lo any misuse of the data or violation of t					

 $^{{}^{*}}$ Please retain a copy of this consent form for your records. Thank you for your cooperation.