



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

REQUEST FOR REVOCATION OF ACCESS

BIR Form No.

0037

Revised: February 2003

Fill in all applicable spaces. Mark appropriate box with an "X".

User Information (Please Print)

Last Name	First Name	M. I.
<input type="text"/>	<input type="text"/>	<input type="text"/>
Office/Service/Division	Office Code	Area Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Number		
<input type="text"/>	<input type="text"/>	
Login	Job Designation	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Type of Request

Deletion of Account Suspension of Access

Purpose of Request:

FILE INFORMATION (For Account Deletion Only)

APPLICABLE TO USERS WITH UNIX PROMPT ACCESS

User Home Directory/Files	Move to Directory
<input type="text"/>	<input type="text"/>
	Transferee's Full Name/Signature
	<input type="text"/>

To be filled out by Head of Office (ACIR//Reg'l Dir./RDC Head/Div. Chief/RDO) or Project Manager

Recommending
Approval:

Signature over Printed Name

Date (mm/dd/yyyy)

To be filled out by Chief, Security Management Division

Approved by:

Signature over Printed Name

Date (mm/dd/yyyy)

Stamp of Receiving Office
and Date of Receipt

To be filled out by Systems Administrator

Revoked/
Suspended by:

Signature over Printed Name

Date (mm/dd/yyyy)