



Republic of the Philippines
DEPARTMENT OF BUDGET AND MANAGEMENT
Malacañang, Manila



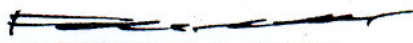
CIRCULAR LETTER

No. 2012-2
February 9, 2012

TO : Heads of Departments/Agencies/State Universities and Colleges and other Offices of the National Government, Government Owned and/or Controlled Corporations, Government Financial Institutions, Government Servicing Banks, Members of the Congress of the Philippines and all Others Concerned

SUBJECT : **ISSUANCE OF 2012 ID CARDS TO AGENCY LIAISON OFFICERS AND REPRESENTATIVES OF MEMBERS OF THE CONGRESS OF THE PHILIPPINES**

- 1.0 In accordance with DBM Circular Letter No. 2011-3 issued last January 12, 2011, all government agencies are continuously enjoined to observe the guidelines provided thereof when transacting business with the DBM.
- 2.0 **All existing ID cards issued to liaison officers last year will be valid only up to February 29, 2012.**
- 3.0 Agency heads and members of the Congress of the Philippines are requested to provide DBM with the updated names and positions of their liaison officers and representatives for the issuance of new ID cards. All ID cards shall be revalidated every year.
- 4.0 Designated agency liaison officers and representatives of the members of the Congress of the Philippines are required to accomplish and submit the information sheet (attached as Annexes A and B) to the Human Resource Development Division, Administrative Service, at the Ground Floor, Mabini Hall, Malacañang, Manila, not later than February 10, 2012.
- 5.0 ID cards for the designated agency liaison officers of the DBM Regional Offices agency coverages shall be issued by the respective DBM ROs.
- 2.0 Please be guided accordingly.


FLORENCIO B. ABAD
Secretary

Attachment: as stated

**INFORMATION SHEET FOR AUTHORIZED REPRESENTATIVES
OF MEMBERS OF THE CONGRESS OF THE PHILIPPINES**

NAME: _____ SEX: _____ STATUS: _____

BIRTHDATE: _____ AGE: _____

POSITION TITLE: _____

OFFICE: ☐ SENATE ☐ HOUSE OF REPRESENTATIVES

NAME OF SENATOR/MEMBER OF THE HOUSE OF REPRESENTATIVES REPRESENTED:

ADDRESS: _____

TELEPHONE NO.: _____ FAX NO.: _____

MOBILE NO.: _____ EMAIL ADDRESS: _____

NAME AND POSITION OF IMMEDIATE SUPERVISOR:

SPECIMEN SIGNATURES

1. _____

2. _____

3. _____

I.D. Number Issued _____

Date Issued _____

Attach recent
passport size
photo
(white
background)

Please submit one (1) additional identical photo for your ID card and print your name at
the back of the photo

INFORMATION SHEET FOR AGENCY LIAISON OFFICERS

NAME: _____ SEX: _____ STATUS: _____

BIRTHDATE: _____ AGE: _____

POSITION TITLE: _____

DEPARTMENT/AGENCY: _____

ADDRESS: _____

TELEPHONE NO.: _____ FAX NO.: _____

MOBILE NO.: _____ EMAIL ADDRESS: _____

NAME AND POSITION OF IMMEDIATE SUPERVISOR:

SPECIMEN SIGNATURES

1. _____

2. _____

3. _____

I.D. Number Issued _____

Date Issued _____

Attach recent
passport size
photo
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background)

Please submit one (1) additional identical photo for your ID card and print your name at the back of the photo