Republika ng Pilipinas **Kagawaran ng Pananalapi** **Kawanihan ng Rentas Internas**	**REQUEST FOR EXTENSION OF SPECIAL ACCESS**	BIR Form No. **0034** Revised: February 2003

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

Date (mm/dd/yyyy)

Office/Service/Division

Office Code   Area Code   Telephone Number

User Name	User Login	Job Designation	Type of Access Requested	Period of Extension (no. of days)

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

Created by:

_____
Signature over Printed Name

Date (mm/dd/yyyy)