



BUREAU OF CUSTOMS

MAKABAGONG ADUANA, MATATAG NA EKONOMIYA



PROFESSIONALISM

INTEGRITY


ACCOUNTABILITY

IAG Memo No. 02-2022

MASTER COPY
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MEMORANDUM

TO : **All Chiefs, Administrative Divisions or Equivalent Units**

FROM :  **DONATO B. SAN JUAN**
Deputy Commissioner, IAG and
Chief of Staff, OCOM

SUBJECT : **Inventory of the Bureau's Record Holding**

DATE : 10 January 2022

1. In order to update the Bureau's record holding, you are hereby requested to make an inventory of your records using the National Archives of the Philippines (NAP) Form 1 (Annex-A), in order to determine if there are those which by law or administrative decision have already fulfilled their purpose and are therefore of no further value.
2. Should there be records for disposal in your respective port/office, you may accomplish the attached NAP Form 3 (Annex-B) or **Request for Authority to Dispose of Records** in quadruplicate and forward the same to the Chief, Central Records Management Division (CRMD) together with the accomplished NAP Form 1, for evaluation and transmittal to NAP.
3. The Records Disposition Schedules (RDS) attached to CMO 11-2015¹ will serve as your guide in the perusal of your record holding.
4. For compliance.

<https://customs.gov.ph/wp-content/uploads/2015/05/CMO-No.11-2015-Disposal-of-Valueless-Records-Documents1.pdf>

<https://nationalarchives.gov.ph/wp-content/uploads/2015/04/NAP-Gen.-Circular-1-2-and-GRDS-2009.pdf>

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NAP Form No. 3
copies
Revised 2012

Accomplish in 4

NATIONAL ARCHIVES OF THE PHILIPPINES <i>Pambansang Sinupan ng Pilipinas</i> REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS		AGENCY NAME:	
		ADDRESS:	
DATE		TELEPHONE NUMBER:	
RDS ITEM NO.	RECORDS SERIES TITLE AND DESCRIPTION	PERIOD COVERED	RETENTION PERIOD AND PROVISION/S COMPLIED (If any)
LOCATION OF RECORDS:		VOLUME IN CUBIC METER:	
PREPARED BY: (NAME & SIGNATURE)		POSITION:	
CERTIFIED AND APPROVED BY: This is to certify that the above mentioned records are no longer needed and not involved nor connected in any administrative or judicial cases.			
_____ Name and Signature of Agency Head Or Duly Authorized Representative			