



National Health Data Repository Dataset Submission -HNDD System Request Form

This form is intended for the request for **Registration, Updating or Deactivation** of an Account for the Authorized Personnel of your Agency for the submitting or validating of health and/or health-related data to the **National Health Data Repository (NHDR)** using the **Dataset Submission System – Health, Nutrition, and Demographic-related Data (DSS - HNDD)**.

Please select one of the following options by checking the corresponding box:

- Register New Account** **Deactivate Account**
- Update Account**

I. Agency Information			
a. Agency		d. Contact Number	
b. Office/Division		e. Agency Email Address	
c. Agency Address			

II. Employee Information			
a. Full Name			
b. Position		d. Alternate Email	
c. Email		e. Mobile Number	
f. Remarks			

As the **Authorized Signatory of the Agency**, I hereby certify that the Personnel's information provided above are true and is authorized to submit reports/data to the National Health Data Repository on behalf of our agency.

 (Signature above Printed Name)
Authorized Signatory

Date