



Republic of the Philippines
Office of the Ombudsman

1. APPLICATION WITHOUT BASIC REQUIREMENTS: A) PHOTOCOPY OF FRONT AND BACK OF VALID ID OF THE APPLICANT AND B) PAYMENT, WILL NOT BE PROCESSED.
2. WRITE LEGIBLY, PUT "N/A" IF NOT APPLICABLE AND SIGN THE APPLICATION FORM

APPLICATION FOR OMBUDSMAN CLEARANCE (OMB Form 1)

NUMBER OF ORIGINAL COPIES REQUESTED: _____
P150.00 per copy

APPLICANT'S INFORMATION:

<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>	<i>Suffix</i> <small>(e.g., Jr. Sr. II, III etc.)</small>	<i>Sex</i>
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Date of Birth _____ *mm/dd/yyyy* If married, mother's maiden surname
(for female applicant) _____

Contact Nos.: _____ Email Address: _____

Current Position: _____
Agency/Office Name: _____ From: _____ To: _____
Agency/Office Address: _____ Zip Code _____

Present Home Address: _____ Zip Code _____

MODE OF PAYMENT: Please check (√) the appropriate box.

<input type="checkbox"/> Cash	<input type="checkbox"/> Postal Money Order Payable to the "Office of the Ombudsman-Clearance Fees"	<input type="checkbox"/> Others, please specify: _____	<input type="checkbox"/> Exempted <input type="radio"/> First time jobseeker <input type="radio"/> Indigent <small>* One time exemption and only for one original copy</small>
<input type="checkbox"/> LANDBANK Link.BizPortal			

MODE OF RELEASE: Please check (√) the appropriate box.

<input type="checkbox"/> pick-up at OMB office	<input type="checkbox"/> registered mail <input type="radio"/> agency/office <input type="radio"/> present home address <input type="radio"/> clearance delivery address _____
<input type="checkbox"/> courier service <small>*prepaid envelope to be provided by the applicant/client w/ full delivery address</small>	

IN CASE APPLICATION IS FILED BY AUTHORIZED REPRESENTATIVE OR REQUESTER IN BEHALF OF THE DECEASED PERSON

Please check (√) the appropriate box.

Authorized Representative Requester in behalf of the Deceased Person

<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
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Relation to Applicant/Deceased: _____ Signature Over Printed Name of Client _____ Date _____

I declare that the answers given above are true and correct to the best of my knowledge and belief. I respectfully request your good office to issue a clearance in my favor. By signing below, it is understood that the personal information submitted will be used solely to provide the services requested, handled properly and not shared with any unauthorized person in accordance with the Ombudsman Privacy Notice.

_____ Date _____
Signature Over Printed Name of Applicant

TO BE ACCOMPLISHED BY CLEARANCE PERSONNEL

Control Number: _____	Date & Time Received: _____
Date Filed: _____	Due Date: _____
Mode of Filing: _____	Date Assigned: _____
Mode of Payment: _____	Assigned Verifier: _____
Remarks: _____	Name & Signature: _____