



Republic of the Philippines
Office of the Ombudsman

1. APPLICATION WITHOUT COMPLETE DOCUMENTARY REQUIREMENTS AND PAYMENT WILL NOT BE PROCESSED.
2. PLEASE WRITE LEGIBLY, WRITE "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

NUMBER OF CERTIFIED TRUE COPIES REQUESTED: _____
P5.00 per copy
**can only be availed if simultaneously applied with original OMB Clearance/Certification*

APPLICANT'S INFORMATION:

First Name

Middle Name

Last Name

Suffix
(e.g., Jr. Sr. II, III etc.)

Sex

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.

☐ Cash

☐ Postal Money Order
Payable to the "Office of the
Ombudsman-Clearance
Fees"

☐ Others, please specify: _____

☐ Exempted
☐ First time jobseeker
☐ Indigent
** One time exemption
and only for one original copy*

☐ LANDBANK Link.BizPortal

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

☐ pick-up at OMB office

☐ registered mail
☐ agency/office
☐ present home address
☐ clearance delivery address _____

☐ courier service
**prepaid envelope to be
provided by the applicant/client
w/ full delivery address*

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

First Name

Middle Name

Last Name

Suffix
(e.g., Jr. Sr. II, III etc.)

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.

Signature Over Printed Name of Applicant

Date

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: _____