**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*

**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

☐ LANDBANK Link.BizPortal

☐ 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*

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

☐ pick-up at OMB office

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

☐ registered mail
  ○ **agency/office**
  ○ **present home address**
  ○ **clearance 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: _____ |