



Republic of the Philippines
Office of the Ombudsman
368 Alameda Road, Diliman, Quezon City

FOR OMB USE:

SALN REQUEST CONTROL NO.: _____
Date and Time _____
Received: _____
Receiving Officer: _____

**REQUEST FOR SALN/S OF OMB OFFICIALS AND EMPLOYEES FORM
(OMB Form 10)**

TO BE ACCOMPLISHED BY THE REQUESTER

1. Name: _____
First Name Middle Name Last Name

2. Address: _____
House No./Block No. Street Name Barangay

City/Municipality Province Postal Code

3a. Landline: _____ **3b. Mobile No. :** _____ **3c. e-mail:** _____

4. I am the: Declarant Representative of the declarant Requester with notarized letter of authority from the declarant
(Please check only one)

5. Write below the name of the official or employee whose SALN is being requested if not the declarant and the details of SALN/s requested.

First Name Middle Name Last Name

SALN Year/s	Position	Name of Government Agency and Agency Address	Number of Copies

6. In case the requester cannot personally receive the request, please indicate the name of your authorized representative who will claim the

First Name Middle Name Last Name

7. Valid identification cards (IDs) presented

a. FOR THE DECLARANT		b. FOR THE REPRESENTATIVE OF THE DECLARANT <i>(Note: Please submit also the declarant's IDs)</i>		c. FOR THE REQUESTER WITH NOTARIZED LETTER OF AUTHORITY FROM THE DECLARANT	
GOVERNMENT-ISSUED ID		GOVERNMENT-ISSUED ID		GOVERNMENT-ISSUED ID	
Type of ID		Type of ID		Type of ID	
ID Number		ID Number		ID Number	
Issuing Agency		Issuing Agency		Issuing Agency	
Valid Until		Valid Until		Valid Until	
OTHER ID PRESENTED		OTHER ID PRESENTED		OTHER ID PRESENTED	
Type of ID		Type of ID		Type of ID	
ID Number		ID Number		ID Number	
Issuing Agency		Issuing Agency		Issuing Agency	
Valid Until		Valid Until		Valid Until	

8. Additional document submitted
(Please check only one) **WITH** notarized Special Power of Attorney (SPA) authorizing the requester to apply for a copy of the declarant's SALN **WITH** notarized letter of authority from the declarant allowing the release of the requested SALN

CERTIFICATION UNDER OATH

I hereby certify under oath that the undersigned is the person whose name and signature appears hereunder and that the documents I submitted are true and correct. I understand that the declarant concerned may avail of legal remedies such as bringing an action against me under Section 11(d) of Republic Act No. 6963, as amended, to the prejudice to other liabilities as may be imposed by law.

By signing below, I agree to the Ombudsman Privacy Policy and give my consent to the collection and processing of my personal data in accordance to the said policy.

Signature over Name of Requester **Date Signed**

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____, at _____, Philippines
affiant exhibiting his/her above identification card

Signature over Name of Administering Officer **Date Signed**