



Republic of the Philippines
Office of the Ombudsman

For OMB use only
Date and time received:

APPLICATION FOR OMBUDSMAN CLEARANCE (OMB Form 1)

NUMBER OF ORIGINAL COPIES REQUESTED: _____

NUMBER OF CERTIFIED COPIES REQUESTED: _____

**can only be availed if original OMB Clearance/Certification is secured*

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

 Cash

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

 Others, please specify: _____

 Exempted
 First time jobseeker
 Indigent

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

 pick-up at
OMB office

 regular mail
 office
 present/home address

 private courier
**prepaid envelope to be provided by the applicant*

APPLICANT'S INFORMATION: Please PRINT legibly. Write "N/A" if not applicable

Last Name

First Name

Middle Name

Current Position: _____

If married, mother's
maiden surname
(for female applicant) _____

Agency/Office Name: _____

Agency/Office Address: _____

Zip Code

Present Address: _____

House No./Blk. No.

Street Name

Barangay

City/Municipality

Province

Zip Code

Date of Birth: _____

mm/dd/yyyy

Contact Nos.: _____

Mobile/Landline

Sex: _____

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, I agree to the Ombudsman Privacy Policy and give my consent to the collection and processing of my personal data in accordance thereto.

Signature Over Printed Name of Client

Date

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

Last Name

First Name

Middle Name

Relation to Applicant/Deceased _____

Signature Over Printed Name of Client

Date

TO BE ACCOMPLISHED BY THE RECEIVING PERSONNEL

Amount Paid: _____

OR Number: _____

Date of Payment: _____

Signature of Receiving Personnel: _____