



Republic of the Philippines
Office of the Ombudsman
Agham Road, Diliman, Quezon City

FOR OMB USE:

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

**REQUEST FOR COPY OF SALN FORM
(OMB Form 9)**

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:

(Please check only one)

Declarant

Representative of the declarant

Requester with notarized letter of authority from the declarant

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 request

_____ *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 authentic.

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. 6713, without 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 thereto.

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 cards.

Signature over Name of Administering Officer

Date Signed