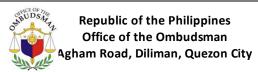
OMB Form 9 series of 2020



FOR OMB USE:						
SALN REQUEST CON	ITROL NO.:					
Date and Time						
Received:	:					
Receiving Officer	:					

	R	EQUEST FOR COP	Y OF SALN FORM		
	_	(OMB F	•		
	<u>T(</u>	O BE ACCOMPLISHED	BY THE REQUESTER		
1. Name:					
	First Name		Middle Name Las		Name
2. Address:					
-	House No./Bloc	ck No.	Street Name	Baro	angay
<u>-</u>					
	City/Municipality		Province	Postal Code	
3a. Landline:	3b. Mobile No. :			3c. e-mail:	
4. I am the:	Declarant Representive of the declarant Requester with notarized letter of authority				
(Please check only	<i>y one)</i> he name of the official or employe	e whose SALN is being rea	uested if not the declarant	from the declarant and the details of SALN/s	requested.
	, , , , , , , , , , , , , , , , , , , ,	- ···· · · · · · · · · · · · · · ·		<b>,</b>	
First Name		Middle Name		Last Name	
SALN Year/s	Position	Name of Government Agency and		Agency Address	Number of Copies
6. In case the req	uester cannot personally receive the	request, please indicate the	e name of your authorized rep	oresentative who will claim	the request
	First Name	Λ	Aiddle Name	Last	Name
7. Valid identification	cards (IDs) presented				
a. FOR THE DECLARANT		b. FOR THE REPRESENTATIVE OF THE DECLARANT (Note: Please submit also the declarant's IDs)		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	
OTHE	ER 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	
3. Additional docume	. Additional document submitted		Power of Attorney (SPA)		er of authority from the
(Please check only one)		authorizing the requester to apply for a copy of the declarant's SALN		declarant allowing the release of the requested SALN	
	CERTI			ATH	
I hereby certify unde	er oath that the undersigned is the	person whose name and sig	nature appears hereunder ar	nd that the documents I su	ibmitted are authentic.
I understand that th	ne declarant concerned may avail of	flegal remedies such as brin	ging an action against me un	der Section 11(d) of Repul	olic Act No. 6713, without
prejudice to other li	abilities as may be imposed by law.				
By signing below, I a	agree to the Ombudsman Privacy Po	olicy and give my consent to	the collection and processing	g of my personal data in ac	ccordance thereto.
Signature over Name of Requester				Date Signed	
SUBSCRIBED AND SWORN TO before me this day o			20 , at	, , F	Philippines,
	his/her above identification cards.				
Signature over Name of Administering Officer				Date Signed	