

**OMB Form 4-SALN Request Form**



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

**CONTACT US:**

Trunkline : (02) 479-7300 loc. 1225  
Website : www.ombudsman.gov.ph

**STATEMENT OF ASSETS, LIABILITIES AND NETWORTH (SALN)  
REQUEST FORM**

**A. TO BE ACCOMPLISHED BY THE REQUESTER**

1. Name : \_\_\_\_\_ 2. Sex \_\_\_\_\_  
First Name Middle Name Last Name Suffix e.g. Jr., III

3. Residence/Business Address : \_\_\_\_\_  
House No./Blk. No. Street Barangay  
 \_\_\_\_\_  
City/Municipality Province

4. Contact Information : Landline : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

**5. Write below the details of the Public Official/s whose SALN is being requested.**

	Name	Position	Government Agency	Year/s of SALN Requested
a.				
b.				
c.				
d.				

**6. Please check ( / ) the purpose of the request.**

a. For media report     c. For filing of complaint     e. For school project     g. Others (specify) \_\_\_\_\_  
 b. For thesis     d. Personal copy     f. For reference \_\_\_\_\_

7. Authorized representative, if any Name of representative : \_\_\_\_\_ 8. Sex \_\_\_\_\_  
First Name Middle Name Last Name Suffix e.g. Jr., III

**9. Other concerns or reservations, if any.**

\_\_\_\_\_  
 \_\_\_\_\_  
Signature over Printed Name of Requester Date

**B. TO BE ACCOMPLISHED BY THE RECEIVING CLERK**

**Valid Identification Card presented by the REQUESTER**

Type	I.D. Number	Issuing Agency/Company

**Valid Identification Card presented by the REPRESENTATIVE**

Type	I.D. Number	Issuing Agency/Company

**C. TO BE ACCOMPLISHED BY THE SALN CUSTODIAN**

**Recommended Action/Remarks (Please check appropriate box.)**

a. No available SALN on file     d. To be requested/retrieved from the National Archives of the PI  
 b. Certified copy requested     e. Others (specify) \_\_\_\_\_  
 c. Number of copies to be requested  \_\_\_\_\_

\_\_\_\_\_  
Signature over Printed Name of SALN Custodian Date

**D. TO BE ACCOMPLISHED BY THE RECEIVING CLERK**

**Payment Details**

OR Number : \_\_\_\_\_ Amount Paid : \_\_\_\_\_  
 Date Paid : \_\_\_\_\_

Private address in the SALN redacted or blackened?  a. YES, redacted/blackened     b. NO

\_\_\_\_\_  
Signature over Printed Name of Receiving Clerk Date

**APPROVED/DISAPPROVED:**

\_\_\_\_\_  
Signature over Printed Name of Director, CREMEB Date