



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

REQUIREMENTS:

- 1. Duly accomplished Application for Ombudsman Clearance (OMB Form 1) and any valid ID
- 2. Photocopy of service record and death certificate for death claims purposes
- 3. Payment of clearance fee

APPLICATION FOR OMBUDSMAN CLEARANCE

CONFORME:

By signing below, I am agreeing to the Ombudsman Privacy Policy and giving my consent to the collection and processing of my personal data in accordance thereto.

Signature of Client Over Printed Name

PURPOSE OF CLEARANCE : Please indicate the number of copies in the appropriate box.

Clearance Fee P100.00	Clearance Fee P200.00
<input type="checkbox"/> CDD <input type="checkbox"/> Death Claim <input type="checkbox"/> Disability Retirement <input type="checkbox"/> Discharge <input type="checkbox"/> Dropped from the Roll <input type="checkbox"/> End of Contract (Date) _____ <input type="checkbox"/> End of Term (Date) _____ <input type="checkbox"/> Expiration of Appointment <input type="checkbox"/> Expiration of Term <input type="checkbox"/> GSIS Claims <input type="checkbox"/> Rationalization <input type="checkbox"/> Resignation (Date) _____ <input type="checkbox"/> Retirement (Date) _____ <input type="checkbox"/> Reversion <input type="checkbox"/> Separation (Date) _____ <input type="checkbox"/> TPPD	<input type="checkbox"/> Awards, please specify: _____ <input type="checkbox"/> Bar Exam <input type="checkbox"/> CES Eligibility <input type="checkbox"/> CESO Rank <input type="checkbox"/> Change of Name (Specify Name): _____ <input type="checkbox"/> Commissionship <input type="checkbox"/> Completion of Residency Training <input type="checkbox"/> Court Requirement <input type="checkbox"/> Extension of Service <input type="checkbox"/> Foreign Travel <input type="checkbox"/> Free and Accepted Masonry <input type="checkbox"/> Guarantorship <input type="checkbox"/> Leave Application <input type="checkbox"/> Loan Application <input type="checkbox"/> Nomination <input type="checkbox"/> Recognition <input type="checkbox"/> Requirement by JBC, CSC, CESB, Office of the President, PRC, GOCC, DFA, DOLE, BI, LTO, NBI, PNP & other agencies: <i>(Please specify agency)</i> _____ <input type="checkbox"/> Scientific Career System <input type="checkbox"/> Study Grant <input type="checkbox"/> SUC Presidency <input type="checkbox"/> UN Mission <input type="checkbox"/> Visa <input type="checkbox"/> Scholarship <input type="checkbox"/> Schooling
Clearance Fee P150.00	Clearance Fee P500.00
<input type="checkbox"/> Appointment <input type="checkbox"/> Confirmation <input type="checkbox"/> Employment <input type="checkbox"/> Foreign Assignment <input type="checkbox"/> Grant of Benefits <input type="checkbox"/> Lateral Entry <input type="checkbox"/> Promotion <input type="checkbox"/> Reappointment <input type="checkbox"/> Reemployment <input type="checkbox"/> Transfer	<input type="checkbox"/> Bidding Requirements <input type="checkbox"/> Fidelity Bond <input type="checkbox"/> Permit to Carry Firearms

Clearance Fee P1,000.00
<input type="checkbox"/> Firearm License

MODE OF PAYMENT: Please one.

- Cash
- SM, Hypermart, Savemore
- Landbank
- Postal money order payable to "Office of the Ombudsman Clearance Fees"

MODE OF RELEASE : Please one.

- pick-up at OMB office
 - personally
 - authorized representative
- prepaid private courier*
 - office address
 - present/home address

*applicant shall provide prepaid envelope except if paid thru SM
- regular mail

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

1. Name of Applicant:	_____ <small>First Name Middle Name Last Name Suffix i.e., Jr.</small>			
2. Current Position:	_____ 3. If married, mother's maiden surname (for female applicant)			
4. Agency/Office Name:	_____			
Agency/Office Address:	_____			
5. Present Address:	House No./Blk. No.	Street	Barangay	
	City/Municipality		Province	
6. Previous Address:	House No./Blk. No.	Street	Barangay	
	City/Municipality		Province	
7. Date of Birth:	_____	8. Civil Status:	_____	9. Sex:
	<small>mm/dd/yyyy</small>			
10. Date of Marriage:	_____	11. Contact Nos.:	_____	_____
	<small>mm/dd/yyyy</small>		<small>Mobile</small>	<small>Landline</small>
12. Highest Educational Attainment	Educational Attainment	Period Attended	Educational Attainment	Period Attended
	High School	_____	Vocational	_____
	College	_____	Post Graduate	_____

TO BE ACCOMPLISHED BY THE RECEIVING CLERK

Valid Identification Card presented by the APPLICANT			Valid Identification Card presented by the REPRESENTATIVE		
Type	ID Number	Issuing Agency/Company	Type	ID Number	Issuing Agency/Company

13. EMPLOYMENT HISTORY

(To be accomplished only if service record is not attached. Use additional sheet if necessary.)

GOVERNMENT HISTORY				
	NAME OF OFFICE	ADDRESS	POSITION	INCLUSIVE DATES
a.				
b.				
c.				
d.				
e.				
f.				
g.				
h.				

PRIVATE SECTOR				
	NAME OF OFFICE	ADDRESS	POSITION	INCLUSIVE DATES
a.				
b.				
c.				
d.				
e.				
f.				
g.				
h.				

NOT FOR SALE

I declare that the answers given above are true and correct to the best of my knowledge and belief.

Printed Name of Applicant/
Authorized Representative :

Date
Accomplished:

Signature of Applicant/
Authorized Representative :

Name of Requester in
Case of Death Claim :

Relation to the
Deceased: