

OMB Form 5-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**

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

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.

For media report c. For filing of complaint e. For school project Others (specify) _____
 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.)

No available SALN on file d. To be requested/retrieved from the National Archives of the Philippines
 Certified copy requested e. Others (specify) _____
 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