



Republic of the Philippines  
Office of the Ombudsman

- 1. APPLICATION WITHOUT COMPLETE DOCUMENTARY REQUIREMENTS AND PAYMENT WILL NOT BE PROCESSED.
- 2. PLEASE WRITE LEGIBLY, WRITE "N/A" IF NOT APPLICABLE AND SIGN THE APPLICATION FORM

APPLICATION FOR OMBUDSMAN CLEARANCE (OMB Form 1)

NUMBER OF ORIGINAL COPIES REQUESTED: \_\_\_\_\_  
P150.00 per copy

APPLICANT'S INFORMATION:

First Name Middle Name Last Name Suffix Sex  
(e.g., Jr. Sr. II, III etc.)

Date of Birth mm/dd/yyyy If married, mother's maiden surname (for female applicant)

Contact Nos.: Email Address:

Current Position: Agency/Office Name: From: To: Agency/Office Address: Zip Code

Present Home Address: Zip Code

MODE OF PAYMENT: Please check (✓) the appropriate box.

- ☐ Cash ☐ Postal Money Order Payable to the "Office of the Ombudsman-Clearance Fees" ☐ Others, please specify: ☐ Exempted
  - ☐ First time jobseeker
  - ☐ Indigent

\* One time exemption and only for one original copy
- ☐ LANDBANK Link.BizPortal

MODE OF RELEASE: Please check (✓) the appropriate box.

- ☐ pick-up at OMB office ☐ registered mail
  - ☐ agency/office
  - ☐ present home address
  - ☐ clearance delivery address
- ☐ courier service
  - \*prepaid envelope to be provided by the applicant/client w/ full delivery address

IN CASE APPLICATION IS FILED BY AUTHORIZED REPRESENTATIVE OR REQUESTER IN BEHALF OF THE DECEASED PERSON

Please check (✓) the appropriate box.

- ☐ Authorized Representative ☐ Requester in behalf of the Deceased Person

First Name Middle Name Last Name Suffix (e.g., Jr. Sr. II, III etc.)

Relation to Applicant/Deceased: Signature Over Printed Name of Client Date

I declare that the answers given above are true and correct to the best of my knowledge and belief. I respectfully request your good office to issue a clearance in my favor. By signing below, it is understood that the personal information submitted will be used solely to provide the services requested, handled properly and not shared with any unauthorized person in accordance with the Ombudsman Privacy Notice.

Signature Over Printed Name of Applicant Date

TO BE ACCOMPLISHED BY CLEARANCE PERSONNEL

Control Number: Date & Time Received: Date Filed: Due Date: Mode of Filing: Date Assigned: Mode of Payment: Assigned Verifier: Remarks: Name & Signature: