



Republic of the Philippines
Office of the Ombudsman

FOR OMB USE ONLY

Date Received:

Time Received:

Receiving Officer:

APPLICATION FOR OMBUDSMAN CLEARANCE (OMB Form 1)

NUMBER OF ORIGINAL COPIES REQUESTED: _____

NUMBER OF CERTIFIED COPIES REQUESTED: _____

* can only be availed if original OMB Clearance/Certification is secured

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

☐ Cash

☐ Postal Money Order payable to
"Office of the Ombudsman
Clearance Fees"

☐ Others, please specify: _____

☐ Exempted
First time jobseeker
Indigent

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

☐ pick-up at
OMB office

☐ regular mail
office
present/home address

☐ private courier
*prepaid envelope to be provided by the applicant

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

Last Name

First Name

Middle Name

Current Position:

 If married, mother's
maiden surname
(for female applicant)

Agency/Office Name:

Agency/Office Address:

Zip Code

Present Address:

House No./Blk. No.

Street Name

Barangay

City/Municipality

Province

Zip Code

Date of Birth:

mm/dd/yyyy

Contact Nos.:

Mobile/Landline

Sex:

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, I agree to the Ombudsman Privacy Policy and give my consent to the collection and processing of my personal data in accordance thereto.

Signature Over Printed Name of Client

Date

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

Last Name

First Name

Middle Name

Relation to Applicant/Deceased

Signature Over Printed Name of Client

Date

TO BE ACCOMPLISHED BY THE RECEIVING PERSONNEL

Amount Paid:

OR Number:

Date of Payment:

Signature of Receiving Personnel: