**CARPER LAD Form No. 35**

(New)

Republic of the Philippines

**DEPARTMENT OF AGRARIAN REFORM**

Region No. 08

Province of Southern Leyte

Municipality of Sogod

# AMENDED MASTER LIST OF QUALIFIED AGRARIAN REFORM BENEFICIARIES (ARBs)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Landowner: | | | | | | | | | | | | | | | |
|  | ${firstname} ${middlename} ${familyname} | | | | | | | | | |  | | | | |
| Location: | | ${barangay}, ${municipality}, So. Leyte | | | | | OCT/TCT No. | | ${octNo} | | | TD No. | | ${taxNo} | |
| Total Area: | | | ${surveyArea} | (has.) | Lot No. | ${lotNo} | | Approved Survey No. | | ${surveyNo} | | | Crops Planted: | |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Name of ARBs**  (Last Name, First Name, Middle Initial) | **Address** | **Name of Spouse**  **(Last Name, First Name,**  **Middle Initial)** | **Present Status1** | **Position/ Designation**[**2**](#_bookmark1) | **Length of Tenure/Service (No. of Days)** | **Remarks** |
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1

Present Status (i.e., tenant, lessee, regular farmworker, seasonal farmworker, other farmworker, actual tillers or occupants of public lands, etc)

2

Position/Designation/Nature of Work (i.e., Laborer, Foreman, Supervisor, Kapatas**,** others, please specify, if applicable)

\*\*If list consists of several pages, affix initials on all pages and sign only the last page on appropriate space for signature

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Name of ARBs**  (Last Name, First Name, Middle Initial) | **Address** | **Name of Spouse**  **(Last Name, First Name,**  **Middle Initial)** | **Present Status** | **Position/ Designation** | **Length of Tenure/Service (No. of Days)** | **Remarks** |
|  |  |  |  |  |  |  |  |

Note: Put a big X in the row immediately after writing/typing/encoding the name of the last ARB in the list. Then put the words “NOTHING FOLLOWS”. Use additional

sheet if necessary.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Prepared by: | | | Approved by: | | | Reviewed by: | | |
|  |  |  |  | **${carpo}** |  |  | **${paro}** |  |
| **Agrarian Reform Program Officer** | | | Chief Agrarian Reform Program Officer | | | Provincial Agrarian Reform Officer II | | |
| Operations Division | | | Operations Division | | |  | | |

|  |  |  |
| --- | --- | --- |
|  | Certified by: |  |
|  |  | Barangay Agrarian Reform Council Chairperson or Authorized Representative\*\* |
|  |  | (Signature over printed Name) |
|  |  |  |
|  | Witness: |  |
|  |  | (Signature over printed Name) |

**SUBSCRIBED and SWORN** to before me, this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_ in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the certifying BARC Chairperson/Authorized Representative having presented to me his/her Identification no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as competent proof of his/her identity.

|  |
| --- |
|  |
| **Administering Officer** |
| (Signature over printed Name) |

## CARPER LAD Form No. 35

(New)

**ADDITIONAL SHEET FOR THE AMENDED MASTERLIST OF QUALIFIED ARBs**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Name of ARBs**  (Last Name, First Name, Middle Initial) | **Address** | **Name of Spouse** | **Present Status**[**3**](#_bookmark2) | **Position/ Designation**[**4**](#_bookmark3) | **Length of Tenure/Service**  **(No. of Days)** | **Remarks** |
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Note: Put a big X in the row immediately after writing/typing/encoding the name of the last ARB in the list. Then put the words “NOTHING FOLLOWS”. Use additional sheet if necessary.

3

Present Status (i.e., tenant, lessee, regular farmworker, seasonal farmworker, other farmworker, actual tillers or occupants of public lands, etc)

4

Position/Designation/Nature of Work (i.e., Laborer, Foreman, Supervisor, Kapatas**,** others, please specify, if applicable)

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