OMB Form 1-Application for Ombudsman Clearance				Page 1 of 2				
	Republic of the Philippi Office of the Ombudsm							
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—	mplished Application for Ombudsman Clearand y of service record and death certificate for de							
	of clearance fee	atti ciaiitis purposes						
	APPLICATION FOR ON	IBUDSMAN CLEA	RANCE					
DURDOSE OF CLEARANCE · Please	se indicate the number of copies in	the annronriate hov						
	Fee P100.00		learance Fee P 200.00					
CDD	Expiration of Term Reversion	Awards, please specify:						
Death Claim	GSIS Claims Separation (Date)	Bar Exam	Guarantorship	Scientific Career System				
Disability Retirement	Rationalization	CES Eligibility	Leave Application	Study Grant				
Discharge	Resignation (Date)	CESO Rank	Loan Application	SUC Presidency				
Dropped from the Roll	Retirement (Date)	Change of Name (Specify Na	ame):					
End of Contract (Date)	TPPD	Commissionship	Nomination	UN Mission				
End of Term (Date)		Completion of Residency	Recognition	Visa				
Expiration of Appointment		Training	Requirement by JBC, C	CSC, CESB, Office of the				
Clearance	Fee P 150.00	Court Requirement	President, PRC, GOCC,	DFA, DOLE, BI, LTO, NBI,				
Appointment	Grant of Benefits Reappointment	Extension of Service	PNP & other agencies:	(Please specify agency)				
Confirmation	Lateral Entry Reemployment	Foreign Travel						
Employment	Promotion Transfer	Free and Accepted	Scholarship					
Foreign Assignment	J. Tomosion	Masonry	Schooling					
Toreign Assignment		,	Schooling					
Clearance Fee F	500.00	+ +	Clearance F	ee P1,000.00				
Bidding Requirements	Fidelity Bond Permit to Carry Fir	earms	Firearm License					
	one.							
		l andhank	Postal money order pa	wahle to				
Cash	SM, Hypermart, Savemore	Landbank	"Office of the Ombuds					
MODE OF RELEASE : Please ✓ or	ne		<i>"</i>					
	1							
pick-up at OMB office	prepaid private courier*	regular mail						
O personally *applicant shall provide prepaid envelope O office address except if paid thru SM								
	O authorized representative present/home address							
-		·	ress					
-	Please PRINT legibly. Write "N/A" if	·	ress					
APPLICANT'S INFORMATION: (F		·	ress					
-		·	ress Last Name	Suffix i.e. Jr.				
APPLICANT'S INFORMATION: (F	Please PRINT legibly. Write "N/A" if	not applicable)	Last Name	Suffix i.e, Jr.				
APPLICANT'S INFORMATION: (F	Please PRINT legibly. Write "N/A" if	not applicable)	Last Name r's maiden surname	Suffix i.e, Jr.				
APPLICANT'S INFORMATION: (F 1. Name of Applicant: 2. Current Position:	Please PRINT legibly. Write "N/A" if	not applicable) Middle Name 3. If married, mothe	Last Name r's maiden surname	Suffix i.e, Jr.				
APPLICANT'S INFORMATION: (F	Please PRINT legibly. Write "N/A" if	not applicable) Middle Name 3. If married, mothe	Last Name r's maiden surname	Suffix i.e, Jr.				
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APPLICANT'S INFORMATION: (F 1. Name of Applicant: 2. Current Position: 4. Agency/Office Name:	Please PRINT legibly. Write "N/A" if	not applicable) Middle Name 3. If married, mothe	Last Name r's maiden surname	Suffix i.e, Jr.				
APPLICANT'S INFORMATION: (F 1. Name of Applicant: 2. Current Position: 4. Agency/Office Name: Agency/Office Address:	Please PRINT legibly. Write "N/A" if	not applicable) Middle Name 3. If married, mothe	Last Name r's maiden surname	Suffix i.e, Jr.				
APPLICANT'S INFORMATION: (F 1. Name of Applicant: 2. Current Position: 4. Agency/Office Name:	Please PRINT legibly. Write "N/A" if First Name	Middle Name 3. If married, mothe (for female	Last Name r's maiden surname applicant)					
APPLICANT'S INFORMATION: (F 1. Name of Applicant: 2. Current Position: 4. Agency/Office Name: Agency/Office Address:	Please PRINT legibly. Write "N/A" if	not applicable) Middle Name 3. If married, mothe	Last Name r's maiden surname applicant)	Suffix i.e, Jr.				
APPLICANT'S INFORMATION: (F 1. Name of Applicant: 2. Current Position: 4. Agency/Office Name: Agency/Office Address:	Please PRINT legibly. Write "N/A" if First Name House No./Blk. No.	Middle Name 3. If married, mothe (for female	Last Name r's maiden surname applicant)	Tarangay				
APPLICANT'S INFORMATION: (F 1. Name of Applicant: 2. Current Position: 4. Agency/Office Name: Agency/Office Address:	Please PRINT legibly. Write "N/A" if First Name	Middle Name 3. If married, mothe (for female	Last Name r's maiden surname applicant)					
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APPLICANT'S INFORMATION: (F 1. Name of Applicant: 2. Current Position: 4. Agency/Office Name: Agency/Office Address: 5. Present Address:	Please PRINT legibly. Write "N/A" if First Name House No./Blk. No.	Middle Name 3. If married, mothe (for female	Last Name r's maiden surname applicant)	Tarangay				
APPLICANT'S INFORMATION: (F 1. Name of Applicant: 2. Current Position: 4. Agency/Office Name: Agency/Office Address: 5. Present Address:	Please PRINT legibly. Write "N/A" if First Name House No./Blk. No.	Middle Name 3. If married, mothe (for female	Last Name r's maiden surname applicant)	rarangay Province				
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APPLICANT'S INFORMATION: (F 1. Name of Applicant: 2. Current Position: 4. Agency/Office Name: Agency/Office Address: 5. Present Address: 6. Previous Address: 7. Date of Birth:	Please PRINT legibly. Write "N/A" if First Name House No./Blk. No. City/Municipality City/Municipality	Middle Name 3. If married, mother (for female) Street Street 8. Civil Status:	Last Name r's maiden surname applicant) B	Province Garangay Province Garangay				
APPLICANT'S INFORMATION: (F 1. Name of Applicant: 2. Current Position: 4. Agency/Office Name: Agency/Office Address: 5. Present Address: 6. Previous Address: 7. Date of Birth: 10. Date of Marriage:	Please PRINT legibly. Write "N/A" if First Name House No./Blk. No. City/Municipality mm/dd/yyyy mm/dd/yyyy	Middle Name 3. If married, mother (for female) Street 8. Civil Status:	Last Name r's maiden surname applicant) B	Province Parangay Province 9. Sex:				
APPLICANT'S INFORMATION: (F 1. Name of Applicant: 2. Current Position: 4. Agency/Office Name: Agency/Office Address: 5. Present Address: 6. Previous Address: 7. Date of Birth:	Please PRINT legibly. Write "N/A" if First Name House No./Blk. No. City/Municipality mm/dd/yyyy mm/dd/yyyy	Middle Name 3. If married, mother (for female) Street Street 8. Civil Status:	Last Name r's maiden surname applicant) B Mobile	Province Parangay Province 9. Sex:				
APPLICANT'S INFORMATION: (F 1. Name of Applicant: 2. Current Position: 4. Agency/Office Name: Agency/Office Address: 5. Present Address: 6. Previous Address: 7. Date of Birth: 10. Date of Marriage:	Please PRINT legibly. Write "N/A" if First Name House No./Blk. No. City/Municipality mm/dd/yyyy mm/dd/yyyy Educational Attainment	Middle Name 3. If married, mother (for female) Street 8. Civil Status:	Last Name r's maiden surname applicant) B Mobile Educational	Province Parangay Province 9. Sex:				
APPLICANT'S INFORMATION: (F 1. Name of Applicant: 2. Current Position: 4. Agency/Office Name: Agency/Office Address: 5. Present Address: 6. Previous Address: 7. Date of Birth: 10. Date of Marriage:	Please PRINT legibly. Write "N/A" if First Name House No./Blk. No. City/Municipality mm/dd/yyyy mm/dd/yyyy Educational	Middle Name 3. If married, mother (for female) Street 8. Civil Status:	Last Name r's maiden surname applicant) B Mobile Educational Attainment Vocational	Province Parangay Province 9. Sex:				
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APPLICANT'S INFORMATION: (F 1. Name of Applicant: 2. Current Position: 4. Agency/Office Name: Agency/Office Address: 5. Present Address: 6. Previous Address: 7. Date of Birth: 10. Date of Marriage: 12. Highest Educational Attainme	Please PRINT legibly. Write "N/A" if First Name House No./Blk. No. City/Municipality mm/dd/yyyy mm/dd/yyyy Educational Attainment High School College TO BE ACCOMPLISHED	Middle Name 3. If married, mother (for female) Street 8. Civil Status: 11. Contact Nos.: Period Attended BY THE RECEIVING CLERK	Last Name r's maiden surname applicant) B Mobile Educational Attainment Vocational Post Graduate	Province 9. Sex: Landline Period Attended				
APPLICANT'S INFORMATION: (F 1. Name of Applicant: 2. Current Position: 4. Agency/Office Name: Agency/Office Address: 5. Present Address: 6. Previous Address: 7. Date of Birth: 10. Date of Marriage: 12. Highest Educational Attainme	Please PRINT legibly. Write "N/A" if First Name House No./Blk. No. City/Municipality mm/dd/yyyy mm/dd/yyyy Educational Attainment High School College	Middle Name 3. If married, mother (for female) Street 8. Civil Status: 11. Contact Nos.: Period Attended BY THE RECEIVING CLERK	Last Name r's maiden surname applicant) B Mobile Educational Attainment Vocational Post Graduate	Province 9. Sex: Landline Period Attended				
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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	<u> </u>		<u>i </u>
	NAME OF OFFICE	ADDRESS	POSITION	INCLUSIVE DATES
a.				
b.				
c.				
d.				
e.				
f.				
g.				
h.				
	I declare that the answ	vers given above are true and correct to the bes	t of my knowledge	e 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:	
			_	

N.B. For retirement purposes, an application shall be processed not earlier than *six (6) months* before the date of retirement. Tel. Nos.: Central Office - (02) 479-7309 and (02) 926-8786; OMB Visayas - (032) 412-5339; OMB Mindanao - (082) 221-3431