



Republic of the Philippines
Office of the Ombudsman
 Agham Road, Diliman, Quezon City 1104

REQUIREMENTS:

1. Duly Accomplished Application Form and ID
2. Certified copy of service record for Retirement/Resignation purposes
3. Certified copy of service record and Death Certificate for Death Claim purposes
4. Payment of Processing fee

APPLICATION FOR OMBUDSMAN CLEARANCE

PURPOSE OF CLEARANCE : Please indicate your purpose by checking ✓ the appropriate box.

Processing Fee P100.00	Processing Fee P200.00
<input type="checkbox"/> Retirement (Specify Date) <input style="width: 100%;" type="text"/> <input type="checkbox"/> Resignation (Specify Date) <input style="width: 100%;" type="text"/> <input type="checkbox"/> Death Claim <input type="checkbox"/> Rationalization	<input type="checkbox"/> Foreign Travel <input type="checkbox"/> Study Grant/Scholarship <input type="checkbox"/> Recognition/Awards <input type="checkbox"/> Leave Application <input type="checkbox"/> Loan Application <input type="checkbox"/> Change of Name (Specify Name) <input style="width: 100%;" type="text"/> <input type="checkbox"/> Requirement by JBC, CSC, CESB, Office of the President, PRC, GOCC, DFA, DOLE, BI, LTO, NBI, PNP & other agencies Please specify agency <input style="width: 100%;" type="text"/> <input type="checkbox"/> Other Purpose, please specify: <input style="width: 100%;" type="text"/>
Processing Fee P150.00	
<input type="checkbox"/> Employment <input type="checkbox"/> Promotion <input type="checkbox"/> Transfer <input type="checkbox"/> Appointment	<input type="checkbox"/> Confirmation <input type="checkbox"/> Discharge <input type="checkbox"/> Foreign Assignment <input type="checkbox"/> Grant of Benefits, unrelated to the preceding purpose

Processing Fee P500.00	Processing Fee P1,000.00
<input type="checkbox"/> Permit to Carry Firearms <input type="checkbox"/> Fidelity Bond <input type="checkbox"/> Bidding Requirements	<input type="checkbox"/> Firearm License

MODE OF PAYMENT: Please check one

cash
 Landbank
 SM Hypermart, Savemore
 Postal Money Order payable to the "Office of the Ombudsman Clearance Fees"

MODE OF RELEASE : LEAVE BLANK IF PAID THRU SM

<input type="checkbox"/> pick-up at OMB Office <input type="radio"/> personally <input type="radio"/> authorized representative	<input type="checkbox"/> pre-paid private courier* * applicant shall provide prepaid envelope except if paid thru SM	<input type="checkbox"/> regular mail <input type="radio"/> office address <input type="radio"/> present address
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APPLICANT'S INFORMATION: (Please PRINT legibly. Write "N/A" if not applicable)

1. Name of Applicant:			
	First Name	Middle Name	Last Name
2. Last Position Held:		3. If Married, Mother's Maiden Surname:	
4. Name of Agency/Office			
Address:			
5. Present Address:			
6. Previous Address			
7. Date of Birth:		8. Civil Status:	
	mm/dd/yyyy		
9. Sex:		11. Contact Nos.:	
10. Date of Marriage:			
	mm/dd/yyyy		
12. Highest Educational Attainment	Educational Attainment	Period Attended	Educational Attainment
	High School		Vocational
	College		Post Graduate

13. EMPLOYMENT HISTORY

(To be accomplished only if service record is not attached. Use additional sheet if necessary.)

GOVERNMENT HISTORY			
NAME OF OFFICE	ADDRESS (City/Municipality, Province)	POSITION	INCLUSIVE DATES
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			
i.			

PRIVATE SECTOR			
NAME OF OFFICE	ADDRESS (City/Municipality, Province)	POSITION	INCLUSIVE DATES
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			
i.			

I declare that the answers given above are true and correct to the best of my knowledge 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.