ENDORSEMENT OF REQUEST FOR RESIDENT ID/ GATE PASS TO OFFICE SERVICES DEPARTMENT

Departmental Quality Form
LAD-EMD-ID
Rev. No. 05
Effectivity Date: 08-07-2017

Control No. LADD-ID-2021-_____

To be filled out by SBMA Lessee/Resident/Authorized Representative

Type of Request (pls. check): ☐ **NEW** ☐ **RENEWAL** ☐ **TEMPORARY** ☐ **COMPUTERIZED**

NAME OF REGISTERED LESSEE/RESIDENT: _____
LEASED PROPERTY: _____**, Subic Bay Freeport Zone**

Complete Name	Gender	Present Address (Pls. indicate if present address is outside SBFZ)	Position (Resident, Caretaker…)	Validity Period (should be not more than one year)

ATTACHED REQUIREMENTS (Please check)

_____ Letter request from the lessee/resident/authorized representative (if not present)
_____ Sublease Contract/Deed of Assignment (if not yet submitted to LADD)
_____ Duly filled up OSD Info Sheet
_____ 1 2x2 photo
_____ Previous SBMA ID/Gate pass (for renewal)
_____ Updated Insurance Policy of the Unit with Policy ID No. _____
_____ NBI/Police Clearance (for caretakers, drivers, and other house workers)
_____ Certification of No Outstanding Obligation from Accounting Department (the same may be confirmed via telephone call to the said department)
_____ Certification from developer if housing unit is managed by a housing developer

_____
Signature over Printed Name of Lessee/Resident/Representative

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