**CARPER LAD Form No. 7**

 (Revised CARP-LAD Form no. 8)

**landowner’s nomination of child/ren as preferred beneficiaries**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date

**The Honorable Secretary**

Department of Agrarian Reform

Diliman, Quezon City

Thru: PARO II \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DARPO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sir/Madam:

May I/we nominate name/s of my child/ren as preferred beneficiaries in my landholding subject of NOC/Acceptance Letter for VOS dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, described under OCT/TCT No.\_\_\_\_\_\_\_\_, Tax Dec No. \_\_\_\_\_\_\_\_\_\_\_\_\_ with Lot No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and Approved Survey No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ with an area of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hectares, more or less, located at (Municipality, Barangay)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 Attached herewith are certified copy/ies of NSO birth certificate/s of my preferred beneficiary/ies or two (2) other documents indicating my parental relationship to each of my nominated preferred beneficiary/ies, to wit:

| **Name of Preferred Beneficiary/ies**(Family Name, First Name, Middle Initial) | **Complete Address**(Street, Purok or sitio, Barangay, Municipality/City) | **Birth date**(MM/DD/YYYY) | **Area (has.)** |
| --- | --- | --- | --- |
| **Actual Tillage** | **Directly Managed** |
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Note: (Use additional sheet if necessary. Each co-owner who wish to nominate his/her own preferred beneficiaries should accomplish a separate nomination form.)

Subject to the approval of the Provincial Agrarian Reform Officer II (PARO II) and subsequent subdivision survey delineating the lots awarded to my/our preferred beneficiary/ies. I/We hereby convey by way of an award under the Comprehensive Agrarian Reform Program (CARP) the described lot/s as listed in the final Master List of Qualified ARBs.

Very truly yours,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature over Printed Name of Landowner

 or Authorized Representative)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address

Copy Distribution:

Original - CF

Duplicate - DARMO

Triplicate - LO