**CARPER LAD Form No. 31**

(Revised CARP-LAD Form No. 33A)

Republic of the Philippines

**DEPARTMENT OF AGRARIAN REFORM**

Region No. \_\_\_\_\_\_\_\_

Province of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Municipality of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MASTER LIST OF QUALIFIED AGRARIAN REFORM BENEFICIARIES (ARBs)**

Landowner/s: (Write full names of all co-owners– Family Name, First Name, Middle Initial).

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

Location (Municipality,Barangay):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OCT/TCTNo. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TD No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Area: \_\_\_\_\_\_\_\_\_\_\_(has.) Lot No. \_\_\_\_\_\_\_\_\_\_ Approved Survey No. \_\_\_\_\_\_\_\_\_\_\_\_Crops Planted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **No.** | **Name of ARBs**  (Last Name, First Name, Middle Initial) | **Address** | **Name of**  **Spouse**  **(Last Name, First Name, Middle Initial)** | **Present**  **Status[[1]](#footnote-1)** | **Position/**  **Designation[[2]](#footnote-2)** | **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

(Use additional sheet, if necessary)

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| Prepared by: |  | Reviewed by: |  |  |  |
|  | **Agrarian Reform Technologist**  (Signature Over Printed Name) |  | **Municipal Agrarian Reform Officer**  (Signature Over Printed Name) |  | **Beneficiary Screening Committee - Chairperson**  (Signature Over Printed Name) |

Certified by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Witness:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Barangay Agrarian Reform Council Chairperson** Signature over Printed Name

**or Authorized Representative**

(Signature over Printed Name)

**SUBSCRIBED and SWORN** to before me, this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_ in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the certifying BARC Chairperson/Member having presented to me his/her competent proof of Identification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

Approved by: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provincial Agrarian Reform Officer II**

(Signature over Printed Name)

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

**Administering Officer**

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**ADDITIONAL SHEET FOR THE MASTERLIST OF QUALIFIED BENEFICIARIES**

| **No.** | **Name of ARBs**  (Last Name, First Name, Middle Initial) | **Address** | **Name of**  **Spouse** | **Present**  **Status1** | **Position/**  **Designation2** | **Length of**  **Tenure/**  **Service** | **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

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)

3 For Masterlist of Individual ARBs, place N/A (not applicable) on space for BSC.

1. Present Status (i.e., tenant, lessee, regular farmworker, seasonal farmworker, other farmworker, actual tillers or occupants of public lands, etc) [↑](#footnote-ref-1)
2. Position/Designation/Nature of Work (i.e., Laborer, Foreman, Supervisor, Kapatas**,** others, please specify, if applicable)

   3 For Master list of Individual ARBs, place N/A (not applicable) on space for BSC.

   \*\*If list consists of several pages, MARO, PARO, and BARC Chairperson shall affix initials on all pages and sign only the last page on appropriate space for signature [↑](#footnote-ref-2)