**CARPER LAD Form No. 35**

(New)

Republic of the Philippines

**DEPARTMENT OF AGRARIAN REFORM**

Region \_\_\_\_\_\_\_\_

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

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

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

Landowner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OCT/TCT No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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.  Prepared by: Reviewed by: Approved by: | | | | | |
|  | **Agrarian Reform Program Officer**  Operations Division  (Signature over Printed Name) |  | **Chief Agrarian Reform Program Officer**  Operations Division  (Signature over Printed Name) |  | **Provincial Agrarian Reform Officer II**  **(Signature over Printed Name)** |

Certified by:

Barangay Agrarian Reform Council Chairperson or Authorized Representative\*\*

(Signature over printed Name)

Witness:

(Signature over printed Name)

**SUBSCRIBED and SWORN** to before me, this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_ in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the certifying BARC Chairperson/Authorized Representative having presented to me his/her Identification no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as competent proof of his/her identity.

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

**Administering Officer**

(Signature over Printed Name)

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**ADDITIONAL SHEET FOR THE AMENDED MASTERLIST OF QUALIFIED ARBs**

| **No.** | **Name of ARBs**  (Last Name, First Name, Middle Initial) | **Address** | **Name of**  **Spouse** | **Present Status[[3]](#footnote-3)** | **Position/**  **Designation[[4]](#footnote-4)** | **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. |

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)

   \*\*If list consists of several pages, affix initials on all pages and sign only the last page on appropriate space for signature [↑](#footnote-ref-2)
3. Present Status (i.e., tenant, lessee, regular farmworker, seasonal farmworker, other farmworker, actual tillers or occupants of public lands, etc) [↑](#footnote-ref-3)
4. Position/Designation/Nature of Work (i.e., Laborer, Foreman, Supervisor, Kapatas**,** others, please specify, if applicable)

   \*\*If list consists of several pages, affix initials on all pages and sign only the last page on appropriate space for signature [↑](#footnote-ref-4)