

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	Position/ Designation ²	Length of Tenure/Service (No. of Days)	Remarks

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)

**If list consists of several pages, affix initials on all pages and sign only the last page on appropriate space for signature

Downloadable Forms at: www.dar.gov.ph free of charge

No.	Name of ARBs (Last Name, First Name, Middle Initial)	Address	Name of Spouse (Last Name, First Name, Middle Initial)	Present Status	Position/ Designation	Length of Tenure/Service (No. of Days)	Remarks

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: _____

Agrarian Reform Program Officer
Operations Division
(Signature over Printed Name)

Approved by: _____

Chief Agrarian Reform Program Officer
Operations Division
(Signature over Printed Name)

Reviewed by: _____

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)

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	Position/ Designation ⁴	Length of Tenure/Service (No. of Days)	Remarks

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³

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