

Integrated Bar of the Philippines
Request for Issuance of Certificate of Good Standing
and Certificate of No Pending Case_v062020



IBP CERTIFICATION REQUEST FORM *(Please write in capital letters)*

IBP CHAPTER	ROLL NUMBER	LIFETIME MEMBER NUMBER
SURNAME	FIRST NAME	MIDDLE NAME
MAILING ADDRESS:	EMAIL ADDRESS	MOBILE NUMBER (enter 10-digit number) <small>e.g. 9151234567</small>
PURPOSE OF CERTIFICATION:		
AUTHORIZATION FOR DELIVERY BY COURIER:	AUTHORIZATION FOR PICK-UP:	PAYMENT DETAILS
I hereby authorize the Commission on Bar Discipline and the IBP Accounting Office to deliver the requested Certification to my mailing address indicated above via LBC or any other courier.	<p>I hereby authorize the Commission on Bar Discipline and the IBP National Accounting Office to release copy/ies of the requested Certification to:</p> <p>_____ (Name of Authorized Representative)</p> <p><small>(please attach in the email the scanned copy of ID of Authorized Representative upon submission of this form)</small></p>	I.D. OR. NO.
Signature over printed name	Signature over printed name	DATE:
Date:	Date:	ASSESSED BY: