

PART I - PERSONAL INFORMATION OF THE APPLICANT	
LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____ SUFFIX: _____ DATE OF BIRTH: _____ <small>(day-month-year] (e.g. 01 Jan 2022)</small>	APPLICATION NO. (to be filled by the VRMO) SEX: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE CIVIL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED STATUS ABROAD: <input type="checkbox"/> Land-based <input type="checkbox"/> Seafarer If Land-based, check the applicable box: <input type="checkbox"/> Overseas Filipino <input type="checkbox"/> Dual Citizen <input type="checkbox"/> Diplomats/Attachés <input type="checkbox"/> Immigrant <input type="checkbox"/> Others (pls specify): _____
ARE YOU A REGISTERED VOTER IN THE PHILIPPINES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE? _____ <small>Municipality/City/District and Province</small>	Is your Philippine Passport valid? <input type="checkbox"/> YES <input type="checkbox"/> NO VALID UNTIL: _____ <small>[day-month-year] (e.g. 01 Jan 2022)</small>
RESIDENCE ABROAD: <i>[Please provide your complete address as you may be voting by mail]</i> ADDRESS LINE 1: _____ <small>(Block/Lot/Room/Floor/Street/House/Building/Flat/Apartment)</small> ADDRESS LINE 2: _____ <small>(Town/Village/Locality/Municipality/County/City/District)</small> STATE/PROVINCE: _____ <small>(State/Province/Region)</small> POSTAL CODE: _____ P.O. BOX NO.: _____ COUNTRY: _____ Email/Social Media: _____	ARE YOU A FILIPINO CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO CITIZENSHIP: _____ CONTACT NO.: _____

PART II – AUTHORIZED REPRESENTATIVE OF THE APPLICANT IN THE PHILIPPINES

NAME: _____	CONTACT NO.: _____
ADDRESS: _____	EMAIL: _____

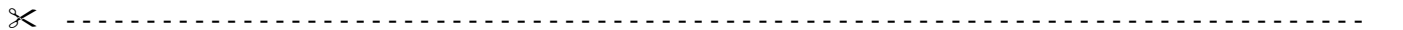
PART III – OATH AND APPLICATION TO VOTE OVERSEAS

I swear that the information that I have provided are true and correct; that I possess all the qualifications and none of the disqualifications of an overseas voter; that I hereby apply to vote overseas; that my name be included in the Lists of Overseas Voters; that I give consent to have my complete name published online specifically at the COMELEC and DFA websites; and that processing of my personal data stated herein by the COMELEC is for registration, election and other purposes as may be provided by law including B.P. Blg. 881 as amended (Omnibus Election Code), RA 8189 (Voter's Registration Act of 1996), RA 9189 as amended by RA 10590 (Overseas Voting Act of 2013), RA 10367 (Mandatory Biometrics Voter Registration), and RA 10173 (Data Privacy Act of 2012).	SUBSCRIBED AND SWORN TO before me on the date this application was filed. _____ PRINTED NAME & SIGNATURE OF ADMINISTERING/ELECTION OFFICER
DATE OF FILING: _____ APPLICANT'S SIGNATURE: _____ <small>(e.g. 10 Dec 2022) (Sign in the presence of EO/AO)</small>	

PART IV – APPLICANTS: DO NOT FILL OUT THIS PORTION / FOR USE BY THE VRM Operator / Administering Officer / RERB Member

APPLICATION FOR: <input type="checkbox"/> REGISTRATION <input type="checkbox"/> CERTIFICATION <input type="checkbox"/> REACTIVATION <input type="checkbox"/> REINSTATEMENT <input type="checkbox"/> CHANGE OF ADDRESS <input type="checkbox"/> RECAPTURE OF BIOMETRICS <input type="checkbox"/> TRANSFER between Posts or Countries – from: _____ <input type="checkbox"/> CORRECTION OF ENTRY/IES OR CHANGE OF NAME – specify previous data: _____	Post & Country where Applicant will be Registered: POST: _____ COUNTRY: _____ _____ PRINTED NAME & SIGNATURE OF VRM OPERATOR
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ACTION OF THE RESIDENT ELECTION REGISTRATION BOARD (RERB) AT THE: <input type="checkbox"/> OFOV <input type="checkbox"/> POST _____		
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	RERB DATE: _____	Reason for Disapproval: _____
_____ PRINTED NAME & SIGNATURE RERB Member	_____ PRINTED NAME & SIGNATURE RERB CHAIRPERSON	_____ PRINTED NAME & SIGNATURE RERB Member



ACKNOWLEDGMENT RECEIPT		APPLICATION NO.:
APPLICATION TYPE:	<input type="checkbox"/> REGISTRATION <input type="checkbox"/> CERTIFICATION <input type="checkbox"/> REACTIVATION <input type="checkbox"/> REINSTATEMENT <input type="checkbox"/> CHANGE OF ADDRESS <input type="checkbox"/> RECAPTURE OF BIOMETRICS <input type="checkbox"/> TRANSFER <input type="checkbox"/> CORRECTION OF ENTRY/IES OR CHANGE OF NAME	This is to acknowledge receipt of your application. Your application is subject for Approval/Disapproval by the Resident Election Registration Board (RERB). You need not appear during the RERB hearing unless required through a written notice. If your application is disapproved, you or your authorized representative may file a Motion for Reconsideration with the RERB.
LAST NAME: _____	RERB DATE: _____	VRMO/AO: _____
FIRST NAME: _____		
MIDDLE NAME: _____		