

PART I - PERSONAL INFORMATION OF THE APPLICANT

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

PART II - AUTHORIZED REPRESENTATIVE OF THE APPLICANT IN THE PHILIPPINES

NAME:	CONTACT NO.:
ADDRESS:	EMAIL:

PART III – OATH AND APPLICATION TO VOTE OVERSEAS

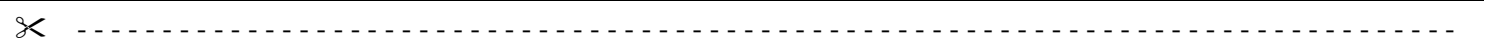
I swear that the information that I have provided are true and correct; that I possess all the qualifications and none of the disqualifications of an overseas voter; that I hereby apply to vote overseas; that my name be included in the Lists of Overseas Voters; that I give consent to have my complete 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.

DATE OF FILING: (e.g. 10 Dec 2022)	APPLICANT’S SIGNATURE: (Sign in the presence of EO/AO)	PRINTED NAME & SIGNATURE OF ADMINISTERING/ELECTION OFFICER
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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	Post & Country where Applicant will be Registered:
<input type="checkbox"/> REINSTATEMENT <input type="checkbox"/> CHANGE OF ADDRESS <input type="checkbox"/> RECAPTURE OF BIOMETRICS	POST:
<input type="checkbox"/> TRANSFER between Posts or Countries – from:	COUNTRY:
<input type="checkbox"/> CORRECTION OF ENTRY/IES OR CHANGE OF NAME – specify previous data:	PRINTED NAME & SIGNATURE OF VRM OPERATOR
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

ACKNOWLEDGMENT RECEIPT		APPLICATION NO.:
APPLIC. TYPE:	<input type="checkbox"/> REGISTRATION <input type="checkbox"/> CERTIFICATION <input type="checkbox"/> REACTIVATION	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.
	<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	
LAST NAME:		RERB DATE:
FIRST NAME:		VRMO/AO:
MIDDLE NAME:		