

**AUTHORITY TO SUBMIT
STATEMENT OF CANCELLATION**

I, _____, of legal age, Filipino,
and a resident of _____,
Name of Candidate *Address of the Candidate*
hereby authorize _____, also of legal
age, Filipino, and a resident of _____,
Name of the Authorized Representative *Address of the Authorized Representative*
to submit my Statement of Cancellation.

IN WITNESS WHEREOF, I hereunto affix my signature this ___ day of _____, in _____, Philippines.

(Name and Signature of Candidate)

(Date)

(Name and Signature of Authorized Representative)

(Date)

SUBSCRIBED AND SWORN to before me this ___ day of _____, at _____, affiant exhibiting to me an Identification document/card which contains a photograph and signature bearing No. _____ issued by _____ on _____.

(Officer Authorized to Administer Oath)

Doc. No. _____;
Page No. _____;
Book No. _____;
Series _____.

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