

**AUTHORITY TO  
SUBMIT STATEMENT OF WITHDRAWAL**

I, \_\_\_\_\_ (name of candidate), of legal age, Filipino, and a resident of \_\_\_\_\_, hereby authorize \_\_\_\_\_, also of legal age, Filipino, and a resident at \_\_\_\_\_ to submit my Statement of Withdrawal, due to my physical incapacity to file the same as evidenced by the attached \_\_\_\_\_.

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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