



Republic of the Philippines
 COMMISSION ON ELECTIONS
 OFFICE FOR OVERSEAS VOTING
 Intramuros, Manila



ANNEX "A"

VOTER'S ID REQUEST

PLEASE COMPLETE IN BLOCK LETTERS

VOTER'S INFORMATION:		DATE
Full Name (Last Name, First Name, Middle Name)		Date of Birth (mm/dd/yy)
Country/Post Registered (Embassy/Consulate)		Date of Application

Please send my Voter's ID to my authorized representative in the Philippines as follows:

Full Name of authorized representative (Last Name, First Name, Middle Name)	E-Mail Address
Home Address (No. Floor, Building Street, Town/Municipality, City)	Tel./Cel. Number

 SIGNATURE OVER PRINTED NAME