SUPPLEMENTARY/UPDATING OF DATA

(For old Voters with existing registration records)

(Person with Disabilities/Senior Citizens with Disabilities/Indigenous People /Indigenous Cultural)

PERSONAL INFORMATION

LAST NAME:
FIRST NAME:
MIDDLE NAME:
PRECINCT NO.:
BARANGAY:
CITY/MUNICIPALITY/DIST.:
PROVINCE:

INDIGENOUS PEOPLE

Are you a member of any Indigenous Cultural Communities (ICC) or Indigenous Peoples (IP)?

☐ YES ☐ NO

If yes, please indicate the Name of IP/ICC community

_____

Name of IP/ICC Community

PWD

TYPE OF DISABILITY

(Please check appropriate box/es)

☐ Deaf/Hard of Hearing	☐ Psychosocial
☐ Intellectual	☐ Speech and Language
☐ Learning	☐ Visual
☐ Mental	☐ Cancer
☐ Physical	☐ Rare Disease

TYPE(S) OF ASSISTANCE NEEDED ON ELECTION DAY

Assistor	☐
Communication Assistance	☐
Visual Assistance	☐
None	☐

PWD/SENIOR CITIZEN

Are you willing to vote in Accessible Polling Place (APP) located on the ground floor of the voting center on the day of the Elections?

☐ YES ☐ NO

PWD/SC Precinct No. _____

(To be filled in by EO)

_____

Applicant's Signature or Customary Marking/Thumbmark over printed name

Date: _____

Applicant's Left Thumbmark

Applicant's Right Thumbmark

CERTIFICATION/ATTESTATION BY ASSISTOR

(For Illiterates/Persons with Disability/Indigenous People [IP] /Indigenous Cultural Communities [ICC])

I, _____ a resident of _____

whose name and signature appear below, hereby bind myself and declare under oath: _____,

1. That I assisted the herein applicant for registration:
2. That I filled out his application in accordance with the information given to me;
3. That the applicant was placed under oath;
4. That the Election Officer/Interviewer read to the applicant his accomplished application; and
5. That the applicant affirmed the truth of the information stated in the accomplished application for registration by affixing his thumbmark and/or customary mark on his application in the presence of the Election Officer/Interviewer.

IN WITNESS WHEREOF, I have hereunto affixed my signature this ____ day of _____, 20_____ at _____, Province of _____.

_____

Signature over printed name of Assistor

Assistor's Left Thumbmark

Assistor's Right Thumbmark

SUBSCRIBED AND SWORN to before me this _____ day of _____ at _____ , Philippines.

_____

Election Officer

Signature over Printed Name