

**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 _____.

(Office Authorized to Administer Oath)

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

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