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 _____.