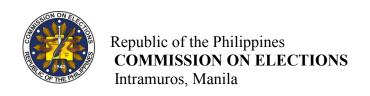
									Applica	OVF No. 1B																	
· me	☐ To the same municipality/city/district (To be filled by the OFOV) ☐ To another municipality/city/district																										
PART I - P	ERS	ON	AL I	INF	ORI	MAT	ION																				
NAME OF APPLICANT																						Illiterate Person with					
LAST]		Disability Indigenous Senior Citizen People
FIRST						Ļ		_			_					Ļ			Ш					Ļ			Assisted by:
MIDDLE																											(Please fill-up Supplemental Data Form/Assistor's Oath)
CITIZENSHIP: By Birth Naturalize											d Reacquired SEX: MALE FEMALE																
(If naturalized/reacquired citizenship, state date of naturalization /reacquisition of naturalization and Continuous Naturalization/Order of Approval of Reacquisition of Citizenship)											ertificate N	DATE OF BIRTH:															
Date of Naturalization/Reacquisition:Certificate No./Order of Approval:										month day year																	
	STATUS ABROAD:											CIVIL STATUS: Single Married															
☐ OFW ☐ Immigrant ☐ Seafarer ☐ Dual Citizen ☐ Others											Name of Spouse (If Married):																
POST/COUNTRY PREVIOUSLY REGISTERED:										PASSPORT/ID INFORMATION																	
	CITY/STATE:											PASSPORT/ID NO.:															
POSTAL CODE:																											
	COUNTRY:												ISSUED ON: month day year														
	POST:													ISSUED AT:													
RESIDENC														NEW RESIDENCE:													
	RESIDENCE ABROAD: COMPLETE MAILING ADDRESS:													Residence In the Philippines Where Applicant Intends to Vote:													
														Barangay:													
														City/Municipality:													
RESIDENC	E II	N TH	IE P	HIL	IPP	INES	BEF	ORE	LE	AVII	NG A	ABF	ROA	D:			•										
Barangay:																	•		CONTACT DETAILS								
City/Muni Province:																		TELEPHONE NO:									
																	=	МОВ	MOBILE NO:								
																		EMA	EMAIL ADDRESS:								
PART II –	OAT	ТН																ROLLED THUMBPRINTS/SPECIMEN SIGNATURES									
qualifications Post to Philip information s purposes as	I swear that the above statements are true and correct; that I possess all the qualifications and none of the disqualifications of a voter; that I hereby apply for transfer from Post to Philippine municipality/city/district; and that I give consent to the processing of the information stated herein by the Commission on Elections for registration, election and other purposes as may be provided by law including B.P.Blg. 881, R.A. No. 8189, R.A. No. 9189, R.A. 10590, R.A. No. 10367 and R.A. No. 10173 also known as the Data Privacy Act of 2012. Date:										Left Thumb Right Thumb																
mo	month day year (Signature of Applicant Above Printed Name)													1													
	(Digitative of Applicant Above I finted Name)													2.	2												
EO / Administering Officer												3.	3														
(Signature Above Printed Name)																											
ACKNOWLEDGMENT RECEIP Application for Transfer from Post to Phil. Municipality/City/District																											
Last Name		T	T	·'	J		7	T	T				., <u> </u>		 		\neg	This is to acknowledge receipt of your application for Transfer from Post to Philippine municipality/city/district. Your application is subject to the									
First Name	\vdash	+		<u> </u>	_	H	+	+	$\frac{\bot}{\Box}$					+	<u> </u>	 	\dashv										you intend to vote. Once you receive appear before the OEO where you
Middle Name	누	<u> </u>	<u> </u> 	<u>l</u> 	<u> </u>		$\frac{\perp}{\perp}$	+	<u> </u> 		<u>Ц</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	$\frac{1}{1}$	\dashv	intend	to vo	ote.							
TVIIGUIE NAITIE	Ļ					Щ	+				Ш												 EO/I	nter	view	/er's S	ignature above Printed Name



Instructions: Fill in completely and legibly the appropriate spaces and check appropriate choices.

APPLICATION FOR TRANSFER OF REGISTRATION RECORD FROM POST TO PHILIPPINE MUNICIPALITY/CITY/DISTRICT

	From Post to the same municipality/city/district												
	From Post to Philippine Municipality/City/District Other than the Voters' Residence as Indicated in OVF No. 1 or the National List of Registered Voters (NLRV)												
	My new residence is:												
	House No. & Street												
	I have resided in my new residence for years and for months.												
	IN WITNESS WHEREOF, I have hereunto affix my signature this day of, 20 at, Philippines.												
	Printed Name and Signature of Applicant												
	SUBSCRIBED AND SWORN to before me on the above date.												
	Printed Name and Signature of EO/Administering Officer												