

13. APPLICANT'S SPOUSE'S NAME:		
14a. PERSON TO CONTACT IN CASE OF EMERGENCY:		14b. TEL/MOBILE NO. OF PERSON TO NOTIFY:
PARENTAL INFORMATION		CURRENT PASSPORT DETAILS
15.FATHER'S DETAILS Last Name:	16. MOTHER'S DETAILS (MAIDEN) Last Name:	17a.PASSPORT NUMBER
First Name:	First Name:	17b.DATE OF ISSUE
Middle Name:	Middle Name:	17c.DATE OF EXPIRY
Citizenship <i>(at time of applicant's birth)</i>	Citizenship <i>(at time of applicant's birth)</i>	17d.ISSUING AUTHORITY
STATUS OF CURRENT PASSPORT		
19. Please choose as applicable:		
<input type="checkbox"/> Passport Intact <input type="checkbox"/> Damaged Passport <ul style="list-style-type: none"> • Affidavit of Explanation 		<input type="checkbox"/> Lost Valid Passport <ul style="list-style-type: none"> • Affidavit of Loss • Police Report in English <input type="checkbox"/> Lost Expired Passport <ul style="list-style-type: none"> • Affidavit of Explanation
DECLARATION OF APPLICANTS		
<p>I HEREBY DECLARE AND AFFIRM that 1) I am a Filipino citizen. 2) The information provided in this application is true and correct. 3) The supporting documents attached are authentic. 4) I consent to the verification by the Philippine Government of the information I provided to establish my personal particulars, and further consent to its use for any lawful purpose. 5) I am aware that the information provided in this application will be treated in accordance with relevant privacy regulations. 6) I am aware that under the law, I am allowed to hold only one valid regular Philippine passport at a given time. 7) I am aware that making false statements in this passport application and furnishing falsified or forged documents are punishable by fine or imprisonment, and grounds for suspension or denial of application. 8) I understand and accept that the release of the passport could be subject to delay due to unforeseen events beyond the control of the Department of Foreign Affairs.</p>		
_____		_____
20. SIGNATURE OVER PRINTED NAME		21. DATE (ex. 01 Jan 2017)
DO NOT WRITE BELOW THIS LINE. FOR THE DEPARTMENT'S USE ONLY.		
REMARKS:	PASSPORT WATCHLIST VERIFICATION:	RETURNED CANCELLED PASSPORT SIGNATURE OF APPLICANT:
PROCESSOR'S SIGNATURE:	ENCODER'S SIGNATURE:	
OFFICIAL RECEIPT/PAYMENT SLIP NO:	DATE OF TRANSACTION:	

END



Instruction: Fill-in completely and legibly the appropriate spaces and check appropriate choice/s in ovals.

I, _____, Filipino, born on _____, do
LAST NAME FIRST NAME MIDDLE NAME DATE OF BIRTH
HEREBY APPLY FOR: (Check appropriate ovals)

APPLICATION FOR REGISTRATION / CERTIFICATION (Accomplish Personal Information at the front page) (RERB'S APPROVAL)

APPLICATION FOR RECAPTURE OF BIOMETRICS (Accomplish Personal Information at the front page)

To complete biometrics For Application for Change of Name/Correction of Entries

APPLICATION FOR TRANSFER (OFOV'S APPROVAL)

Post to Post Country to Country Post to the same Phil. municipality/city/district Post to the same Phil. municipality/city/district other than their voter's residence as indicated in OVF No. 1

Post/Country Previously Registered: _____

New Address: _____

APPLICATION FOR REINSTATEMENT OF NAME INADVERTENTLY OMITTED IN THE NATIONAL REGISTRY OF OVERSEAS VOTERS (OFOV'S APPROVAL)

APPLICATION FOR CHANGE OF NAME DUE TO MARRIAGE OR COURT ORDER/CORRECTION OF ENTRIES IN THE VOTERS' REGISTRATION RECORD (Attach required supporting documents such as Certified Copy or Certificate of Court Order or Certificate of Live Birth, Marriage Certificate and others) (Accomplish Personal Information at the front page) (RERB'S APPROVAL)

Present Data/Information: _____

New/Corrected Data/Information: _____

Note: Applicants for correction of wrong entries or misspelled names due to encoding error need not present any supporting documents. In case of change of name by reason of marriage or court order, the applicant has to personally appear before the Post for the taking of biometrics anew.

REQUEST TO WITHDRAW THE APPLICATION FOR REGISTRATION/ CERTIFICATION PENDING APPROVAL

Date and Place of Application as Overseas Voter: _____

APPLICATION FOR REACTIVATION (Accomplish Personal Information at the front page) (RERB'S APPROVAL)

Post/Country Previously Registered: _____

Reason for Deactivation:

- 1. Sentenced by final judgment to suffer imprisonment for not less than 1 year
- 2. Declared by competent authority to be insane or incompetent
- 3. Failed to vote in two (2) consecutive national elections
- 4. Registration ordered excluded by the court

Reason for reactivation: That said ground no longer exists, as evidenced by the attached certification/order of the court (in cases of 1, 2 and 4).

APPLICATION FOR CHANGE OF ADDRESS (WITHIN THE SAME POST AND COUNTRY) (RERB'S APPROVAL)

(Accomplish Personal Information at the front page)

Date and Place of registration/certification: _____

New Address: _____

APPLICATION FOR UPDATING OF PHOTOGRAPH AND/OR SIGNATURE (Accomplish Personal Information at the front page)

Date of Filing

Signature over Printed Name of Applicant

SUBSCRIBED AND SWORN TO before me on the above date

FEAMOR VYN S. TIOSEN
Administering Officer

ACTION TAKEN

Approved Disapproved Date: _____ Reason for Disapproval: _____ Application for Transfer

Signature above printed name
OFOV DIRECTOR / ELECTION OFFICER

Approved Disapproved Date: _____ Reason for Disapproval: _____

ANGEL L. BORJA, JR.
Signature above printed name
RERB MEMBER

FEAMOR VYN S. TIOSEN
Signature above printed name
RERB CHAIRPERSON

SHARON A. PRIMAVERA
Signature above printed name
RERB MEMBER

----- (CUT HERE) -----
Type of Application: **ACKNOWLEDGMENT RECEIPT** Application No.: _____

- Registration/Certification Transfer to Local Change of Name/Correction of Entry/ies Change of Address
- Recapture of Biometrics Transfer from Country to Country Withdrawal Updating of Photograph and/or Signature
- Transfer from Post to Post Reinstatement Reactivation

Your application for Registration/Certification will be heard by the RERB on _____, _____. You need not appear in the RERB unless required upon notification.

Name of Applicant : _____ Verifier : _____

Date Filed : _____ VRM Operator : _____



APPLICATION FOR:

- Certification
- Registration
- as **OVERSEAS VOTER**

To be Filled Up by the Post:

Post: WELLINGTON PE

Country: NEW ZEALAND

Application No.: NZWL20200100

PART I - PERSONAL INFORMATION

NAME OF APPLICANT

LAST

[Grid for last name]

FIRST

[Grid for first name]

NAME
EXTN [Grid for name extension]

MIDDLE

[Grid for middle name]

SEX:

MALE

FEMALE

GENDER:

(Specify)

DATE OF BIRTH: _____
[month-date-year]

CITIZENSHIP: _____

CIVIL STATUS: Single Married

Name of Spouse (If Married):

STATUS ABROAD:

OFW

Immigrant

Others _____

(Specify)

Seafarer

Dual Citizen

RESIDENCE IN THE PHILIPPINES BEFORE LEAVING ABROAD:

City/Municipality: _____

Province: _____

RESIDENCE ABROAD:

COMPLETE MAILING ADDRESS:

CITY/STATE : _____

POSTAL CODE: _____

COUNTRY : NEW ZEALAND

Post and Country Where Applicant Intends to Vote:

POST : WELLINGTON PE

COUNTRY: NEW ZEALAND

PASSPORT/ID INFORMATION

PASSPORT/ID NO.: _____

ISSUED ON: _____
[month-date-year]

ISSUED AT: _____

CONTACT DETAILS

TELEPHONE NO.: _____

MOBILE NO. : _____

EMAIL ADDRESS : _____

FACEBOOK ACCOUNT: _____

OTHER SOCIAL MEDIA ACCOUNTS: _____

PART II - AUTHORIZED REPRESENTATIVE IN THE PHILIPPINES

NAME:

ADDRESS:

Landline No.: _____

Mobile No.: _____

E-mail Address: _____

If your application for Registration/Certification is disapproved, you or your authorized representative may file a Motion for Reconsideration with the RERB.

PART III

OATH AND APPLICATION TO VOTE OVERSEAS

I swear that the above statements are true and correct; that I possess all the qualifications and none of the disqualifications of an overseas voter; that I hereby apply to vote overseas; that my name be included in the Lists of Overseas Voters; 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. No. 10367 and R.A. No. 10173 also known as the Data Privacy Act of 2012.

Date of Filing

Signature of Applicant

SUBSCRIBED AND SWORN TO before me on the above date.

FEAMOR VYN S. TIOSEN
Administering Officer