

**SUPPLEMENTARY DATA**

(Persons with disabilities/Senior Citizens with disabilities/ Indigenous People/Indigenous Cultural Communities)

PERSONAL INFORMATION	PWD																						
<p>LAST NAME: <input style="width: 200px; height: 20px;" type="text"/></p> <p>FIRST NAME: <input style="width: 200px; height: 20px;" type="text"/></p> <p>MIDDLE NAME: <input style="width: 200px; height: 20px;" type="text"/></p> <p>PRECINCT NO.: <input style="width: 200px; height: 20px;" type="text"/></p> <p>BARANGAY: <input style="width: 200px; height: 20px;" type="text"/></p> <p>CITY/MUNICIPALITY: <input style="width: 200px; height: 20px;" type="text"/></p> <p>PROVINCE <input style="width: 200px; height: 20px;" type="text"/></p>	<p><b>TYPE OF DISABILITY</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Physical</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Hard of Hearing/Deaf</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Speech</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Visual</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Non-Manifest</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Multiple Disabilities</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table> <p><b>TYPE(S) OF ASSISTANCE NEEDED ON ELECTION DAY</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Assistor</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Communication Assistance</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Accessible Precinct</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Visual Assistance</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>None</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	Physical	<input type="checkbox"/>	Hard of Hearing/Deaf	<input type="checkbox"/>	Speech	<input type="checkbox"/>	Visual	<input type="checkbox"/>	Non-Manifest	<input type="checkbox"/>	Multiple Disabilities	<input type="checkbox"/>	Assistor	<input type="checkbox"/>	Communication Assistance	<input type="checkbox"/>	Accessible Precinct	<input type="checkbox"/>	Visual Assistance	<input type="checkbox"/>	None	<input type="checkbox"/>
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INDIGENOUS PEOPLE																							
<p>Are you a member of any Indigenous People (IP) or Indigenous Cultural Communities (ICC)?</p> <p style="text-align: center;"> <input type="checkbox"/>                      <input type="checkbox"/>                  Yes                                      No             </p> <p>If yes, please indicate the Name of IP/ICC community</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Name of IP/ICC Community</p>	<p style="text-align: center; background-color: black; color: white; padding: 2px;"><b>PWD/SENIOR CITIZEN</b></p> <p>Are you willing to vote in accessible polling place?                      Yes <input type="checkbox"/>                      No <input type="checkbox"/></p> <p style="text-align: right;">PWD/SC Precinct No. _____ (To be filled up by EO)</p>																						

**COPY FOR THE ELECTION OFFICER**

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

Date: \_\_\_\_\_

<input style="width: 100%; height: 50px;" type="text"/>	<input style="width: 100%; height: 50px;" type="text"/>
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

<input style="width: 100%; height: 50px;" type="text"/>	<input style="width: 100%; height: 50px;" type="text"/>
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



# SUPPLEMENTARY DATA

**Annex "B"**

(Persons with disabilities/Senior Citizens with disabilities/ Indigenous People/Indigenous Cultural Communities)

PERSONAL INFORMATION	PWD																						
<p>LAST NAME: <input style="width: 200px; height: 20px;" type="text"/></p> <p>FIRST NAME: <input style="width: 200px; height: 20px;" type="text"/></p> <p>MIDDLE NAME: <input style="width: 200px; height: 20px;" type="text"/></p> <p>PRECINCT NO.: <input style="width: 200px; height: 20px;" type="text"/></p> <p>BARANGAY: <input style="width: 200px; height: 20px;" type="text"/></p> <p>CITY/MUNICIPALITY: <input style="width: 200px; height: 20px;" type="text"/></p> <p>PROVINCE: <input style="width: 200px; height: 20px;" type="text"/></p>	<p><b>TYPE OF DISABILITY</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Physical</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Hard of Hearing/Deaf</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Speech</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Visual</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Non-Manifest</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Multiple Disabilities</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table> <p style="text-align: center;"><b>TYPE(S) OF ASSISTANCE NEEDED ON ELECTION DAY</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Assistor</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Communication Assistance</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Accessible Precinct</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Visual Assistance</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>None</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	Physical	<input type="checkbox"/>	Hard of Hearing/Deaf	<input type="checkbox"/>	Speech	<input type="checkbox"/>	Visual	<input type="checkbox"/>	Non-Manifest	<input type="checkbox"/>	Multiple Disabilities	<input type="checkbox"/>	Assistor	<input type="checkbox"/>	Communication Assistance	<input type="checkbox"/>	Accessible Precinct	<input type="checkbox"/>	Visual Assistance	<input type="checkbox"/>	None	<input type="checkbox"/>
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**COPY FOR THE CENTRAL FILE**

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

Date: \_\_\_\_\_



Applicant's Left Thumbmark

Applicant's Right Thumbmark

### CERTIFICATION/ATTESTATION BY ASSISTOR

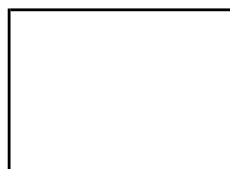
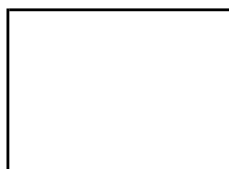
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\_\_\_\_\_  
Signature over printed name of Assistor



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