

CERTIFICATE of CANDIDACY

Article III of the PATCOMC By-Laws & PATCOMC Election Code

2x2

Last name

First name

Middle name

Suffix

Sex

Alias/es

Date of Birth (MMDDYYYY)

Membership (IN YEARS)

Current CAAP Designation

Place of Assignment

Residence Address

Mailing Address

Contact Number

E-mail Address

Facebook

Previous Elective and/or Appointive Position/s held in PATCOMC (PLEASE LIST UP TO THREE ONLY, INDICATE INCLUSIVE DATES)

For the position of

Board of Director

Audit Committee

Election Committee

I have carefully reviewed the information above and affirm that all entries are correct.

Signature of Candidate Above Printed Name

FOR USE ONLY OF THE OFFICER (ELECOM or Manager) ACCEPTING THE C.O.C.

Candidate is a MIG & qualified to vote. (check Voters' List issued by the Cooperative Secretary).

YES NO

All the information provided above are correct.

YES NO

If NO, provide data on record:

COC Received by

Date

Time

Signature Above Printed Name

FOR USE ONLY OF THE ELECTION COMMITTEE

I certify that this COC had been reviewed and acted on appropriately as mandated by the 2012 PATCOMC Election Code.

SIGNATURE ABOVE PRINTED NAME of ELECOM Officer