

**AUTHORITY TO FILE STATEMENT OF WITHDRAWAL OF
CERTIFICATE OF CANDIDACY**

I, _____ (*name of candidate*), of legal age,
Filipino, _____ and _____ a _____ resident _____ of
_____, hereby authorize
_____, also of legal
age, _____ Filipino _____ and _____ a _____ resident _____ of
_____, to file my Sworn
Statement of Withdrawal of Certificate of Candidacy for the position of
_____ in the _____ *Barangay* and
Sangguniang Kabataan Elections, for the reason that I -

- ___ tested positive for COVID19;
- ___ was identified as a close contact with a person who was tested positive for COVID19 and on quarantine or isolation.
- ___ no other reason shall be allowed by the Commission.

IN WITNESS WHEREOF, I hereunto affix my signature this ___ day of _____, in _____, Philippines.

(Name and Signature of Candidate)

(Active Cellphone Number and Email Address)

(Date)

(Name and Signature of Agent)

(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 _____.

(Officer Authorized to Administer Oath)

Doc. No. _____;
Page No. _____;
Book No. _____;
Series _____.

NOTICE/DISCLAIMER: All authorized recipients of any personal data, personal information, privileged information and sensitive personal information contained in this document, including other pertinent documents attached thereto that are shared by the Commission on Elections in compliance with existing laws and rules, and in conformity with the Data Privacy Act of 2012 (R.A. No. 10173) and its Implementing Rules and Regulations, as well as the pertinent Circulars of the National Privacy Commission, are similarly bound to comply with said laws, rules and regulations, relating to data privacy, security, confidentiality, protection and accountability.