

RECORD OF COCs NOT RECEIVED

NO.	NAME OF THE ASPIRANT	POSITION ASPIRED FOR	DATE AND TIME OF ATTEMPT TO FILE		REASON FOR NON-RECEIPT OF COC	SIGNATURE OF THE ASPIRANT OR NAME AND SIGNATURE OF THE AUTHORIZED REPRESENTATIVE	NAME AND SIGNATURE OF THE ELECTION OFFICER/PROVINCIAL ELECTION SUPERVISOR/REGIONAL ELECTION DIRECTOR

(Name and Signature of the Election Officer/Provincial Election Supervisor/Regional Election Director) (Name and Signature of the Witness)

(Name and Signature of the Witness)

(Date)

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