



Republic of the Philippines  
COMMISSION ON ELECTIONS  
Intramuros, Manila

REVISED CEF-1

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

☒ APPLICATION FOR REGISTRATION

(Accomplish Personal Information at the back)

Note: (For Applicant/s with existing Registration Records)

I, \_\_\_\_\_, Filipino, born on \_\_\_\_\_, a duly registered voter in Precinct No. \_\_\_\_\_ of Barangay \_\_\_\_\_, City/Municipality of \_\_\_\_\_, Province of \_\_\_\_\_, do HEREBY APPLY FOR: (Check for appropriate box/es)

- ☐ APPLICATION FOR TRANSFER OF REGISTRATION RECORD
- ☐ within the same City/Municipality/District
- ☐ from another City/Municipality/District  
(Accomplish Personal Information at the back)

My New Residence is:  
House No. & Street \_\_\_\_\_, Barangay \_\_\_\_\_,  
City/Municipality \_\_\_\_\_, Province \_\_\_\_\_  
I have resided in my new residence for \_\_\_\_\_ years and for \_\_\_\_\_ months.

☐ APPLICATION FOR REACTIVATION OF REGISTRATION RECORD

- Reason for Deactivation:
- ☐ 1. Sentenced by final judgment to suffer imprisonment for not less than one (1) year;
- ☐ 2. Convicted by final judgment of a crime involving disloyalty to the duly constituted government, etc;
- ☐ 3. Declared by competent authority to be insane or incompetent;
- ☐ 4. Failed to vote in two (2) successive preceding regular elections;
- ☐ 5. Loss of Filipino citizenship; or
- ☐ 6. Exclusion by a court order.
- ☐ 7. Failure to Validate

That said ground no longer exists, as evidenced by the attached certification/order of the court (in cases of 1, 2, 3, 5 and 6).

☐ 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, and others)

Present Data/Information: \_\_\_\_\_

New/Corrected Data Information: \_\_\_\_\_

☐ APPLICATION FOR INCLUSION OF RECORDS IN THE BOOK OF VOTERS / REINSTATEMENT OF NAME IN THE LIST OF VOTERS

- ☐ Inclusion of VRR in the precinct book of voters
- ☐ Reinstatement of the name of the registered voter which has been omitted in the list of voters

I do hereby request that my name which has been omitted in the list of voters/my registration record which has not been included in the precinct book of voters of Precinct No. \_\_\_\_\_, be reinstated/included therein. The said reinstatement of name/inclusion of registration record is necessary and valid.

IN WITNESS WHEREOF, I hereunto affix my signature this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at CEBU CITY, Province of CEBU, Philippines

Signature over Printed Name

SUBSCRIBED AND SWORN to before me on the above date.

EO/Administering Officer

Application No.

[illegible]

**Precinct No.**

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**Instructions :** (1) Accomplish separately in three copies; (2) print legibly; (3) check the appropriate box.

**Part 1 PERSONAL INFORMATION** (To be filled out by Applicant)

<b>NAME</b>		<input type="checkbox"/> Illiterate <input type="checkbox"/> Person with Disability	
Last	GAYO		<input type="checkbox"/> Indigenous People Assisted by :  (Please fill-up Supplemental Data Form/Assistor's Oath)
First	LUKE KEENEN		
Middle	DALES		
<b>RESIDENCE/ ADDRESS</b>		Province	CEBU
City/ Municipality		Barangay	
CEBU CITY		BACAYAN	
House No. / Street			
PHASE 2B BLK 11 LOT 4 VILLA LEYSON			
<b>CITIZENSHIP</b>	FILIPINO	<input checked="" type="checkbox"/> By Birth	<input type="checkbox"/> Naturalized <input type="checkbox"/> Reacquired
(If naturalized / reacquired, state date of naturalization/ reacquisition and Certificate number of naturalization/ order of approval of reacquisition)			
Date of Naturalization / Reacquisition	Month [ ]	Day [ ]	Year [ ]
		Certificate No. / Order of Approval _____	
<b>PERIOD OF RESIDENCE</b>			
In the City / Mun	No. of Years 23	No. of Months 2	In the Philippines No. of Years 23
<b>PROFESSION / OCCUPATION</b>			
TIN [ ][ ][ ] [ ][ ][ ] [ ][ ][ ]			

<b>Sex</b>
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
<b>DATE OF BIRTH</b>
[ 11 ] [ 08 ] [ 1997 ]
Month Day Year
<b>PLACE OF BIRTH</b>
City/ Mun CEBU CITY
Province CEBU
<b>CIVIL STATUS</b>
<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married
Name of Spouse, If married
_____

Part 2	OATH	ROLLED THUMBPRINTS / SPECIMEN SIGNATURES
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<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <b>REGISTRATION</b>	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <b>TRANSFER</b>	
<p>I do solemnly swear that the above statements regarding my person are true and correct; that I possess all the qualifications and none of the disqualifications of a voter and that I am not registered in any precinct in the Philippines. Further, 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. 10367 and R.A. No. 10173 also known as the Data Privacy Act of 2012.</p>		
Date	<div style="border: 1px dashed black; display: inline-block; width: 30px; height: 30px;"></div> - <div style="border: 1px dashed black; display: inline-block; width: 30px; height: 30px;"></div> - <div style="border: 1px dashed black; display: inline-block; width: 60px; height: 30px;"></div>	
Month	Day	Year
<div style="border-top: 1px solid black; width: 100%; margin-top: 20px;"></div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"><div>EO / Administering Officer</div><div>Signature Above Printed Name</div></div>		
<div style="border-top: 1px solid black; width: 100%; margin-top: 20px;"></div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"><div>Signature of Applicant</div><div>Above Printed Name</div></div>		
<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; margin-top: 20px;"></div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"><div>Left Thumb</div><div>Right Thumb</div></div>		
<div style="display: flex; justify-content: space-between; margin-top: 20px;"><div>1 _____</div><div>2 _____</div><div>3 _____</div></div>		

## Part 3 ACTION BY THE ELECTION REGISTRATION BOARD

<div style="display: flex; align-items: center; margin-bottom: 5px;"> <input style="width: 20px; height: 20px; margin-right: 5px;" type="checkbox"/> Approved         </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <input style="width: 20px; height: 20px; margin-right: 5px;" type="checkbox"/> Disapproved         </div>	<div style="text-align: center; margin-bottom: 5px;">             Month      Day      Year         </div> <div style="display: flex; align-items: center; justify-content: center; margin-bottom: 5px;"> <div style="border: 1px dashed black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 0 5px;"> </div> <span style="font-size: 1.2em;">-</span> <div style="border: 1px dashed black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 0 5px;"> </div> <span style="font-size: 1.2em;">-</span> <div style="border: 1px dashed black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 0 5px;"> </div> <div style="border: 1px dashed black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 0 5px;"> </div> </div> <div style="text-align: center; margin-bottom: 5px;">DATE</div>	<div style="margin-bottom: 5px;">             With Precinct Assignment No.             <div style="display: flex; align-items: center; margin-left: 10px;"> <div style="border: 1px dashed black; width: 20px; height: 20px; margin: 0 5px;"> </div> <div style="border: 1px dashed black; width: 20px; height: 20px; margin: 0 5px;"> </div> <div style="border: 1px dashed black; width: 20px; height: 20px; margin: 0 5px;"> </div> <div style="border: 1px dashed black; width: 20px; height: 20px; margin: 0 5px;"> </div> <div style="border: 1px dashed black; width: 20px; height: 20px; margin: 0 5px;"> </div> </div> </div> <div style="margin-top: 10px;">             Reason for disapproval _____         </div>
_____ <b>Member</b> (Signature above Printed Name)	_____ <b>Chairman of the Board</b> (Signature above Printed Name)	_____ <b>Member</b> (Signature above Printed Name)

**Part 4** **VOTER IDENTIFICATION NUMBER** *(To be filled out by Election Officer)*

Part I

Prov Code City/Mun/Dist. Code

Part II

Precinct Assignment

Part III

Month Day Year Birth Code

Name Code

<b>Type of Application</b> <input checked="checked" type="checkbox"/> Registration <input type="checkbox"/> Transfer <input type="checkbox"/> Reactivation	<b>ACKNOWLEDGEMENT RECEIPT</b> <input type="checkbox"/> Transfer with Reactivation <input type="checkbox"/> Change of Name/ Correction of Entry <input type="checkbox"/> Reinstatement/ Inclusion	<b>Application No.</b> <div style="border: 1px dashed black; height: 20px; width: 100%;"></div> <p style="font-size: small;">This is to acknowledge receipt of your application. Your application is subject for Approval/ Disapproval by the Election Registration Board (ERB). You need not appear in the ERB hearing unless required through a written notice. Date of ERB Hearing _____.</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/> <p style="text-align: right; font-size: small;">EO/ Interviewer Signature above Printed Name</p>
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New/Corrected Data Information: \_\_\_\_\_

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Signature over Printed Name

SUBSCRIBED AND SWORN to before me on the above date.

EO/Administering Officer

Application No.



Precinct No.

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NAME				<input type="checkbox"/> Illiterate <input type="checkbox"/> Person with Disability	
Last		GAYO		<input type="checkbox"/> Indigenous People	
First		LUKE KEENEN		Assisted by :	
Middle		DALES		(Please fill-up Supplemental Data Form/Assistor's Oath)	
RESIDENCE/ ADDRESS				Sex	
Province		CEBU		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
City/ Municipality		Barangay		DATE OF BIRTH	
CEBU CITY		BACAYAN		<div><div>11</div><div>08</div><div>1997</div></div> <div>MonthDayYear</div>	
House No. / Street		PHASE 2B BLK 11 LOT 4 VILLA LEYSON		PLACE OF BIRTH	
CITIZENSHIP		FILIPINO		<input checked="" type="checkbox"/> By Birth <input type="checkbox"/> Naturalized <input type="checkbox"/> Reacquired	
(If naturalized / reacquired, state date of naturalization/ reacquisition and Certificate number of naturalization/ order of approval of reacquisition)					
Date of Naturalization / Reacquisition		MonthDayYear		Certificate No. / Order of Approval	
PERIOD OF RESIDENCE		No. of YearsNo. of Months		No. of Years	
In the City / Mun		232		In the Philippines23	
PROFESSION / OCCUPATION				CIVIL STATUS	
TIN				<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married	
				Name of Spouse, If married	

Part 2	OATH	ROLLED THUMBPRINTS / SPECIMEN SIGNATURES
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<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <b>REGISTRATION</b>	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <b>TRANSFER</b>	
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Date	<div style="border: 1px dotted black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px dotted black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> – <div style="border: 1px dotted black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px dotted black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px dotted black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px dotted black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>	
Month	Day	Year
<div style="border-top: 1px solid black; width: 100%; margin-top: 20px;"></div> <div style="margin-top: 5px;">Signature of Applicant Above Printed Name</div>		
<div style="border-top: 1px solid black; width: 100%; margin-top: 20px;"></div> <div style="margin-top: 5px;">EO / Administering Officer Signature Above Printed Name</div>		

Left Thumb

Right Thumb

1

2

3

## Part 3 ACTION BY THE ELECTION REGISTRATION BOARD

<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	<div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Day</span> <span>Year</span> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px dashed black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px dashed black;"></div> <div style="width: 10px; height: 10px; border: 1px dashed black;"></div> </div> <span style="margin: 0 5px;">-</span> <div style="border: 1px dashed black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px dashed black;"></div> <div style="width: 10px; height: 10px; border: 1px dashed black;"></div> </div> <span style="margin: 0 5px;">-</span> <div style="border: 1px dashed black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px dashed black;"></div> <div style="width: 10px; height: 10px; border: 1px dashed black;"></div> <div style="width: 10px; height: 10px; border: 1px dashed black;"></div> <div style="width: 10px; height: 10px; border: 1px dashed black;"></div> </div> </div> <div style="display: flex; justify-content: center; margin-top: 5px;"> <span>DATE</span> </div>	<div style="display: flex; justify-content: space-between;"> <div>           With Precinct Assignment No.           <div style="border: 1px dashed black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px dashed black;"></div> <div style="width: 10px; height: 10px; border: 1px dashed black;"></div> <div style="width: 10px; height: 10px; border: 1px dashed black;"></div> <div style="width: 10px; height: 10px; border: 1px dashed black;"></div> </div> <div style="border: 1px dashed black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px dashed black;"></div> </div> </div> <div style="margin-top: 10px;">           Reason for disapproval _____         </div> </div>
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\_\_\_\_\_  
 Member  
 (Signature above Printed Name)

\_\_\_\_\_  
 Chairman of the Board  
 (Signature above Printed Name)

\_\_\_\_\_  
 Member  
 (Signature above Printed Name)

**Part 4** **VOTER IDENTIFICATION NUMBER** *(To be filled out by Election Officer)*

Part I

Prov Code

City/Mun/Dist. Code

Part II

Precinct Assignment

Part III

Month

Day

Year

Name Code

Birth Code



Republic of the Philippines  
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☐ within the same City/Municipality/District      ☐ from another City/Municipality/District  
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Signature over Printed Name

SUBSCRIBED AND SWORN to before me on the above date.

EO/Administering Officer

Application No.

Precinct No.

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NAME				<input type="checkbox"/> Illiterate <input type="checkbox"/> Person with Disability			
Last: GAYO				<input type="checkbox"/> Indigenous People			
First: LUKE KEENEN				Assisted by :			
Middle: DALES				(Please fill-up Supplemental Data Form/Assistor's Oath)			
RESIDENCE/ ADDRESS				Sex			
Province: CEBU		City/ Municipality: CEBU CITY		Barangay: BACAYAN		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
House No. / Street: PHASE 2B BLK 11 LOT 4 VILLA LEYSON				DATE OF BIRTH			
CITIZENSHIP: FILIPINO <input checked="" type="checkbox"/> By Birth <input type="checkbox"/> Naturalized <input type="checkbox"/> Reacquired				11 08 1997 Month Day Year			
(If naturalized / reacquired, state date of naturalization/ reacquisition and Certificate number of naturalization/ order of approval of reacquisition)				PLACE OF BIRTH			
Date of Naturalization / Reacquisition: Month Day Year		Certificate No. / Order of Approval		City/ Mun: CEBU CITY			
PERIOD OF RESIDENCE		Province: CEBU		CIVIL STATUS			
In the City / Mun: 23 2		In the Philippines: 23		<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married			
PROFESSION / OCCUPATION				Name of Spouse, If married			
TIN							

Part 2	OATH	ROLLED THUMBPRINTS / SPECIMEN SIGNATURES
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<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto; margin-bottom: 5px;"></div> <div style="text-align: center; margin-bottom: 10px;"><b>REGISTRATION</b></div> <p>I do solemnly swear that the above statements regarding my person are true and correct; that I possess all the qualifications and none of the disqualifications of a voter and that I am not registered in any precinct in the Philippines. Further, 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. 10367 and R.A. No. 10173 also known as the Data Privacy Act of 2012.</p> <p>Date <span style="border: 1px dashed black; padding: 2px 5px;">  </span><span style="border: 1px dashed black; padding: 2px 5px;">  </span> - <span style="border: 1px dashed black; padding: 2px 5px;">  </span><span style="border: 1px dashed black; padding: 2px 5px;">  </span> - <span style="border: 1px dashed black; padding: 2px 5px;">  </span><span style="border: 1px dashed black; padding: 2px 5px;">  </span><span style="border: 1px dashed black; padding: 2px 5px;">  </span><span style="border: 1px dashed black; padding: 2px 5px;">  </span></p> <p style="text-align: center;">Month                  Day                  Year</p>	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto; margin-bottom: 5px;"></div> <div style="text-align: center; margin-bottom: 10px;"><b>TRANSFER</b></div>	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; margin-bottom: 10px;"></div> <div style="text-align: center; margin-bottom: 10px;"><b>Left Thumb</b></div> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; margin-bottom: 10px;"></div> <div style="text-align: center; margin-bottom: 10px;"><b>Right Thumb</b></div>
<div style="border-top: 1px solid black; width: 100%; margin-top: 20px;"></div> <div style="text-align: center; margin-top: 5px;">EO / Administering Officer Signature Above Printed Name</div>	<div style="border-top: 1px solid black; width: 100%; margin-top: 20px;"></div> <div style="text-align: center; margin-top: 5px;">Signature of Applicant Above Printed Name</div>	<div style="margin-top: 20px;"><div style="display: flex; align-items: center;"><div style="width: 20px; text-align: center; margin-right: 10px;">1</div><div style="border-bottom: 1px solid black; flex-grow: 1;"></div></div><div style="margin-top: 20px;"><div style="display: flex; align-items: center;"><div style="width: 20px; text-align: center; margin-right: 10px;">2</div><div style="border-bottom: 1px solid black; flex-grow: 1;"></div></div><div style="margin-top: 20px;"><div style="display: flex; align-items: center;"><div style="width: 20px; text-align: center; margin-right: 10px;">3</div><div style="border-bottom: 1px solid black; flex-grow: 1;"></div></div></div></div></div>

## Part 3 ACTION BY THE ELECTION REGISTRATION BOARD

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<div> <div>Month</div> <div><div><div></div><div></div></div></div> </div> <div> <div>Day</div> <div><div><div></div><div></div></div></div> </div> <div> <div>Year</div> <div><div><div></div><div></div><div></div><div></div></div></div> </div> <div>DATE</div>	With Precinct Assignment No. <div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div></div>
Reason for disapproval _____		
_____ Member (Signature above Printed Name)	_____ Chairman of the Board (Signature above Printed Name)	_____ Member (Signature above Printed Name)

**Part 4** **VOTER IDENTIFICATION NUMBER** *(To be filled out by Election Officer)*

**Part I**

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Prov Code      City/Mun/Dist. Code

  

**Part II**

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Precinct Assignment

  

**Part III**

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Month      Day      Year      Name Code

**Birth Code**

BRING THIS FORM TOGETHER WITH THE APPLICATION FORM TO YOUR LOCAL COMELEC  
OFFICE ON THE DATE OF YOUR SCHEDULED APPOINTMENT

iRehistro QR1



iRehistro QR2



Reference No : CEF12217006-24200200202104938168 Generated on 4 February 2021 00:24 (Philippine Standard Time)



Application for :

- ☒ Registration  
☐ Transfer / Others

City / Municipality : CEBU CITY

Province : CEBU

Application No. :

NAME OF APPLICANT (Pangalan ng Aplikante)

GAYO

LAST NAME (Apelyido)

LUKE KEENEN

FIRST NAME (Pangalan)

DALES

MIDDLE NAME (Panggitna)

Your appointment date is on 03/02/2021, 10 - 11 AM.  
Please be informed that failure to appear on your scheduled appointment date and time shall automatically cancel your appointment. However, you may still go through the usual manual process on any regular working day by (1) simply accomplishing the Online Application Form (without setting an appointment); (2) downloading a blank form and manually accomplishing it; or (3) ask for the usual forms to manually accomplish at your local COMELEC office.

IMPORTANT REMINDERS TO APPLICANTS

- PLEASE REMEMBER that accomplishing this online form DOES NOT mean that you are already a registered voter. You still have to go through the following:
  - Go to your local COMELEC office to personally submit your Application Form. (This completes the process of submission of your application)
  - The Election Registration Board (ERB) has to approve your application.
- PRINTING REMINDERS :
  - Be sure to print your accomplished form on a folio size (long) bond paper (8-1/2" x 13") and that the four (4) QR codes are printed clearly and completely. If not, please reprint.
  - Make sure that you have printed the PERSONAL INFORMATION page at the back of the CEF-1 page. If not, please reprint for compliance.
- Do not sign or affix your thumbmark on the Application Form yet. (You have to do this in the presence of the Election Officer when you go to the local COMELEC Office for filing purposes.)
- PLEASE BRING ANY OF THE FOLLOWING VALID IDs : Employee's identification card (ID), with the signature of the employer or authorized representative; Postal ID; PWD Discount ID; Student's ID or library card, signed by the ID; Integrated Bar of the Philippines (IBP) ID; License issued by the Professional Regulatory Commission (PRC); Certificate of Confirmation issued by the National Commission on Indigenous Peoples (NCIP) in case of members of ICCs or IPS; School authority; Senior Citizen's ID; Driver's license; NBI clearance; Passport; SSS/GSIS and any other valid ID.

iRehistro QR3



iRehistro QR4

