				F 8 44		and the second second	
				er of Attorney			
A-AF	plicant's Inf	ormation					
A-01	Name					Applicant's Picture	
A-02	Father's Name					Ficture	
A-03	Mother's Name						
A-04	Spouse's Name						
A-05	Citizen/TID Number						
A-06	Cell Number						
A-07	Present Address						
A-08	Permanent Address						
B-Reasons of Non-Appearance (Self)*							
	Undersigned is unable to appear in person due to ;						
B-01	Hospitalized						
B-02	Imprisonment						
B-03	Living Abroad						
B-04	Medical Disorder						
B-05	Any other Reason;						
C-Declaration							
The undersigned solemnly declare that I am unable to attend the verification board due to reason mentioned above. Therefore, I nominate the individual mentioned at serial D to represent my case.							
Applicant's Signature -1 Applicant's		Signature -2	Applicant's Signature -3	Left Thumb Impression	Right Thumb Impression		
D-No	minee's Info	ormation	ALCON NO.	Villa de la companya			
D-01	Name						
D-02	Father's Name						
D-03	Mother's Name						
D-04	Spouse's Name (if any)						
D-05	Citizen Numbe	er			Constitute to a second		
D-06	Cell Number						

Yours _____(Applicant's Sign and Thumb)

Sign and Stamp

(Officer Concerned Mission/Embassy)