



**APPLICATION FOR TRANSFER  
From POST to PHILIPPINE  
MUNICIPALITY/CITY/DISTRICT**

OVF No. 1B

Application No. 

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(To be filled by the OFOV)

- To the same municipality/city/district  
 To another municipality/city/district

**PART I - PERSONAL INFORMATION**

**NAME OF APPLICANT**

LAST 

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FIRST 

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MIDDLE 

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- Illiterate       Person with Disability  
 Indigenous People       Senior Citizen

Assisted by: \_\_\_\_\_

(Please fill-up Supplemental Data Form/Assistant's Oath)

SEX:  MALE  FEMALE

DATE OF BIRTH:

month	day			year			

CITIZENSHIP: \_\_\_\_\_  By Birth       Naturalized       Reacquired

(If naturalized/reacquired citizenship, state date of naturalization /reacquisition of naturalization and Certificate Number of Naturalization/Order of Approval of Reacquisition of Citizenship)

Date of Naturalization/Reacquisition: \_\_\_\_\_ Certificate No./Order of Approval: \_\_\_\_\_

**STATUS ABROAD:**

- OFW       Immigrant  
 Seafarer       Dual Citizen       Others \_\_\_\_\_  
(Specify)

CIVIL STATUS:  Single       Married

Name of Spouse (If Married): \_\_\_\_\_

**POST/COUNTRY PREVIOUSLY REGISTERED:**

CITY/STATE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

POST: \_\_\_\_\_

**PASSPORT/ID INFORMATION**

PASSPORT/ID NO.: \_\_\_\_\_

month	day			year	

ISSUED ON: \_\_\_\_\_

ISSUED AT: \_\_\_\_\_

**RESIDENCE ABROAD:**

COMPLETE MAILING ADDRESS: \_\_\_\_\_

**RESIDENCE IN THE PHILIPPINES BEFORE LEAVING ABROAD:**

Barangay: \_\_\_\_\_

City/Municipality: \_\_\_\_\_

Province: \_\_\_\_\_

**NEW RESIDENCE:**

Residence In the Philippines Where Applicant Intends to Vote:

Barangay: \_\_\_\_\_

City/Municipality: \_\_\_\_\_

Province: \_\_\_\_\_

**CONTACT DETAILS**

TELEPHONE NO: \_\_\_\_\_

MOBILE NO: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**PART II - OATH**

I swear that the above statements are true and correct; that I possess all the qualifications and none of the disqualifications of a voter; that I hereby apply for transfer from Post to Philippine municipality/city/district ; and that 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. 9189, R.A. 10590, R.A. No. 10367 and R.A. No. 10173 also known as the Data Privacy Act of 2012.

Date: 

month	day			year										

\_\_\_\_\_  
(Signature of Applicant Above Printed Name)

\_\_\_\_\_  
EO / Administering Officer  
(Signature Above Printed Name)

**ROLLED THUMBPRINTS/SPECIMEN SIGNATURES**

Left Thumb
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Right Thumb
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**ACKNOWLEDGMENT RECEIPT**

Application No. \_\_\_\_\_

**Application for Transfer from Post to Phil. Municipality/City/District**

Last Name: 

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First Name: 

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Middle Name: 

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Date: 

month	day			year										

This is to acknowledge receipt of your application for Transfer from Post to Philippine municipality/city/district. Your application is subject to the approval of the OFOV and the OEO where you intend to vote. Once you receive a Notice of Approval/Denial, you need to appear before the OEO where you intend to vote.

\_\_\_\_\_  
EO/Interviewer's Signature above Printed Name



Republic of the Philippines  
**COMMISSION ON ELECTIONS**  
Intramuros, Manila

Instructions: Fill in completely and legibly the appropriate spaces and check appropriate choices.

**APPLICATION FOR TRANSFER OF REGISTRATION RECORD FROM POST TO PHILIPPINE MUNICIPALITY/CITY/DISTRICT**

- From Post to the same municipality/city/district
- From Post to Philippine Municipality/City/District Other than the Voters' Residence as Indicated in OVF No. 1 or the National List of Registered Voters (NLRV)

My new residence is:

House No. & Street \_\_\_\_\_  
Barangay \_\_\_\_\_  
City/Municipality \_\_\_\_\_  
Province \_\_\_\_\_

I have resided in my new residence for \_\_\_\_ years and for \_\_\_\_ months.

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IN WITNESS WHEREOF, I have hereunto affix my signature this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_, Philippines.

\_\_\_\_\_  
Printed Name and Signature of Applicant

SUBSCRIBED AND SWORN to before me on the above date.

\_\_\_\_\_  
Printed Name and Signature of  
EO/Administering Officer