



**ELECTION COMMITTEE (ELECOM)
CERTIFICATE OF CANDIDACY
(FOR ELECTION 2024)**

INSTRUCTIONS: (Read well before filling out this form.)

1. File this in **ONE (1) LEGIBLE copy** with any ELECOM Member or any ELECOM-deputized COOP member. Filled-out COCs may also be filed at any MSU-IIT NMPC branch **during regular office hours (8:00am to 4:00pm)**. Do not leave any blanks; otherwise, the certificate will not be accepted. **Deadline for filing is November 29, 2023.**
2. Attach also to this COC a short bio-note in 4 bullet-form lines, and limited to ten (10) words per bullet. This will be used in campaign materials. (Pls. refer to the provided sheet, as attached).

**2" x 2" or
passport size
picture taken within
the last 3 months.
(Note: This will be
used in campaign
materials.)**

I HEREBY SIGNIFY MY CANDIDACY for the position of _____, in the 2024 MSU-IIT NMPC Election of Officers.

1. NAME : 1.1 Last <table border="1" style="width: 100%; height: 15px;"></table> 1.2 First <table border="1" style="width: 100%; height: 15px;"></table> 1.3 Middle Name <table border="1" style="width: 100%; height: 15px;"></table> 1.4 Nickname <table border="1" style="width: 100%; height: 15px;"></table>		3. SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	4. AGE: _____								
		5. DATE OF BIRTH: <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 15%;"> </td> <td style="width: 15%;"> </td> <td style="width: 15%;"> </td> <td style="width: 15%;"> </td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> <td> </td> </tr> </table>						Month	Day	Year	
Month	Day	Year									
2. RESIDENCE ADDRESS: 2.1 House No./Street/ Subdivision: <table border="1" style="width: 100%; height: 15px;"></table> 2.2 Brgy. <table border="1" style="width: 45%; height: 15px;"></table> 2.3 City/Mun. <table border="1" style="width: 45%; height: 15px;"></table> 2.4 Province <table border="1" style="width: 100%; height: 15px;"></table>		6. PLACE OF BIRTH: 6.1 City/Municipality _____ 6.2 Province _____									
12. OFFICE NAME AND NATURE OF BUSINESS: _____		7. CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Widow/er <input type="checkbox"/> Married <input type="checkbox"/> Separated Name of spouse: _____									
13. PERIOD OF COOP MEMBERSHIP: 13.1 Number of Years <table border="1" style="width: 20px; height: 15px;"></table>	14. COOP BRANCH: _____										
15. DECLARATION: 15.1 I am a Filipino citizen. 15.2 I have the time and willingness to serve MSU-IIT NMPC. 15.3 I am a Member in Good Standing (MIGS) as defined in Article II Section 6 of the BYLAWS of MSU-IIT NMPC. 15.4 I will support and defend the ARTICLES OF COOPERATION AND BYLAWS of MSU-IIT NMPC and will maintain true faith and allegiance thereto. I will obey the policies, rules, legal orders and resolutions promulgated by the duly constituted Board. 15.5 I possess all the qualifications and none of the disqualifications prescribed by the Guidelines for Election, as attached. 15.6 I waive my right for ELECOM to fully scrutinize and validate the data in this COC and its attachment/s, as submitted. 15.7 I impose this obligation upon myself VOLUNTARILY, WITHOUT MENTAL RESERVATION or PURPOSE OF EVASION. 15.8 I hereby certify that the facts stated herein are true and correct.		8. PROFESSION/OCCUPATION: _____ 9. HIGHEST EDUCATIONAL ATTAINMENT: _____ 10. CONTACT INFORMATION: Cell No. _____ Landline No. _____ Email address: _____ TIN No. _____									
		11. SHARE CAPITAL AND OTHER SPECIAL SAVINGS: 11.1 Amount of Share Capital: _____ 11.2 Special Savings such as: <input type="checkbox"/> COSA REAL <input type="checkbox"/> Pension <input type="checkbox"/> Mortuary <input type="checkbox"/> Retirement <input type="checkbox"/> College Allowance Fund <input type="checkbox"/> Housing Cooperative <input type="checkbox"/> Special Savings <input type="checkbox"/> Others (pls. specify) _____									
		Attested by: _____ Branch Manager									

Signature over Printed Name