



Republic of the Philippines

**REGIONAL DEVELOPMENT COUNCIL-X**  
NORTHERN MINDANAO

**PRIVATE SECTOR REPRESENTATIVE  
NOMINATION/VOTER FORM**

Name of Organization:	
Name of PSR Nominee:	
Name of Official Voter:	Designation/Position:
Office Address:	Mobile Number:
	Telephone/Fax:
	E-mail:

\_\_\_\_\_  
Name and Signature of Head of PSO

\_\_\_\_\_  
Date

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