

PROXY FORM

BE IT KNOWN, that I	, the undersigned
Regular member of the Armed Forces	and Police Mutual Benefit Association, Inc hereby
constitute and appoint	as my true and lawful
	my name, place and stead, to represent and vote as my
	hip Meeting of the Association, to be held on 20 May
	during the said meeting, and for me and in my name, to
act as fully as I could do if personally pre	sent.
Signed this day of	, 2023 at
signed thisduy or	
	Signature
	Rank, Name, SN/Badge No.
SUBSCRIBED AND SWORN to	before me this day of, 2023
	cation card number,
dated, with place of iss	uance at, Philippines.
	ADMINISTERING OFFICER/
	NOTARY PUBLIC