



**Simbag sa Emerhensya asin Dagdag Paseguro
Mutual Benefit Association Inc. (SEDP MBA)**

3/F The Chancery, Cathedral Compound
Old Albay District, Legazpi City, Philippines
Telefax: (052) 481-4449
Email: sedp_mba@yahoo.com.ph

CENTER PROXY FORM

TO: _____ Secretary – SEDP MBA Board of Trustees

We, the Center Members of _____ with postal address _____ are authorizing our Cluster representative to vote on our behalf during the conduct of SEDP MBA Annual General Assembly to be held on _____ at _____.

CLUSTER: _____

DATE: _____

NO.	NAME OF MEMBER	SIGNATURE
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		

Approved by:

Center Chief/Print Name & Signature

Center Secretary/Print Name & Signature

Attested by:

CDW/Print Name & Signature