



COMPLIANCE AUTHORIZED REPRESENTATIVE
(Form C)

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Form No.

OGLD - 1176

Rev. No.

5

Effectivity

March 04, 2025

Name of Company:

Business Address:

Contact Number:

DETAILS

AUTHORIZED PERSONNEL

ALTERNATE AUTHORIZED PERSONNEL

NAME:

POSITION TITLE:

E-MAIL ADDRESS:

OFFICE NUMBER:

MOBILE NUMBER:

SPECIMEN SIGNATURES:

1.

1.

2.

2.

3.

3.

**Please attach copies of valid government-issued IDs.*



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