



**COMPLIANCE AUTHORIZED REPRESENTATIVE**  
(Form C)

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Form No.

ROASD-1176

Rev. No.

0

Effectivity

June 22, 2026

**Name of Company:**

**Business Address:**

**Contact Number:**

| DETAILS              | AUTHORIZED PERSONNEL |            |             | ALTERNATE AUTHORIZED PERSONNEL |            |             |
|----------------------|----------------------|------------|-------------|--------------------------------|------------|-------------|
|                      | LAST NAME            | FIRST NAME | MIDDLE NAME | LAST NAME                      | FIRST NAME | MIDDLE NAME |
| NAME:                |                      |            |             |                                |            |             |
| POSITION TITLE:      |                      |            |             |                                |            |             |
| E-MAIL ADDRESS:      |                      |            |             |                                |            |             |
| MOBILE NUMBER:       |                      |            |             |                                |            |             |
| SPECIMEN SIGNATURES: | 1.                   |            |             | 1.                             |            |             |
|                      | 2.                   |            |             | 2.                             |            |             |
|                      | 3.                   |            |             | 3.                             |            |             |

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



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