



Republic of the Philippines
Office of the President

PHILIPPINE DRUG ENFORCEMENT AGENCY

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VOLUNTARY MUTUAL ASSISTANCE PROGRAM (VMAP2) APPLICATION FORM

I, _____, hereby declare that I voluntarily join the Voluntary Mutual Assistance Program 2 (VMAP2) for immediate dependents as provided in Agency Memorandum Circular No.11 series of 2019 re: Extended VMAP. I further authorize the Financial Management Service (FMS) to deduct the *amount of TWENTY PESOS (Php 20.00) as contribution* for every death of qualified dependents of VMAP2.

IN WITNESS HEREOF, I hereunto set my signature this _____ day of _____, 2021 at PDEA _____ (Office/Service).

PRINT COMPLETE NAME & SIGNATURE

PLANTILLA POSITION

SERVICE/ REGIONAL OFFICE