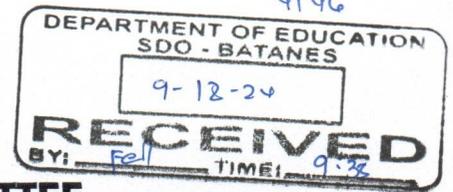




Republic of the Philippines  
**PROVINCIAL STATISTICS COMMITTEE**  
Batanes



Reference No: 202409-524

**ADVISORY**

TO : All Batanes Provincial Statistics Committee (PSC) Member Agencies/Offices

SUBJECT : Designation of permanent and alternate representatives to the Batanes PSC

DATE : 16 September 2024

As stated in Rule 7 of the Rules of Procedure for Provincial Statistics Committee Meetings, the PSC member agencies/offices shall designate permanent and alternate representatives who can make decisions/commitments during regular quarterly meetings.

In line with this, we humbly request for the accomplishment of the attached form to get the information of these members. You may send the accomplished form through the email of Philippine Statistics Authority Batanes, being the secretariat of the committee, at [batanes@psa.gov.ph](mailto:batanes@psa.gov.ph) or deliver the same document at their office at PSA Batanes, JPM Building, National Road, Kaychanarianan, Basco, Batanes. We appreciate receiving the accomplished form not later than 23 September 2024. Rest assured that any data and information provided will be kept confidential and solely used for the internal and smooth transactions of the committee.

For inquiries, you may contact Mr. Jeannel I. Barcayan of PSA Batanes, through mobile number 09175424212. Thank you very much for your support on our statistical endeavors.

Very truly yours,

  
**MARISSA C. ANTONIO, EnP**  
PSC Chair  
Provincial Planning and Development Coordinator  
Province of Batanes

/RGA/JIB



Republic of the Philippines  
**PROVINCIAL STATISTICS COMMITTEE**  
Batanes

**DESIGNATION OF PERMANENT AND ALTERNATE REPRESENTATIVES  
TO THE BATANES PROVINCIAL STATISTICS COMMITTEE (PSC)**  
as of September 2024

**Agency/Office**

Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Contact No. : \_\_\_\_\_

**Permanent Representative**

Name : \_\_\_\_\_  
Position : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Contact No. : \_\_\_\_\_  
Messenger : \_\_\_\_\_

**Alternate Representative**

Name : \_\_\_\_\_  
Position : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Contact No. : \_\_\_\_\_  
Messenger : \_\_\_\_\_

Certified by:

\_\_\_\_\_  
Head of Agency/Office  
Signature Over Printed Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date