

PRINT ALL INFORMATION IN CAPITAL LETTERS. IF THE INFORMATION IS NOT APPLICABLE, WRITE "N/A".

ACCOUNT INFORMATIONACCOUNT NO.: _____ RATE CLASS: Res Com Pow Gov Int

ACCOUNT NAME: _____

A. CORRECTION/CHANGE/ADDITIONAL NAME Change of Name Correction of Name Additional Name

• Residential Rate Class

Primary Owner

_____	_____	_____	_____
Last Name	First Name	Middle Name	Suffix

Co-Owner

_____	_____	_____	_____
Last Name	First Name	Middle Name	Suffix

• Other Rate Class (Commercial/Power Industrial/ Government)

Account Name

B. UPDATE/ADDITIONAL CONTACT INFORMATION Update Contact Information Additional Contact Information

Mobile Number 1

Mobile Number 2

Email Address 1

Email Address 2

Home Phone Number 1

Home Phone Number 2

C. BILL DELIVERY OPTION

- Spot Billing
 Send to E-mail
 E-mail Plus Delivery

D. CORRECTION OF ADDRESS

Primary Address

Secondary Address

E. CHANGE OF RATE CLASS/DOWNRATING/UPRATING

	FROM	TO
<input type="checkbox"/> RATE CLASS	_____	_____
<input type="checkbox"/> UPRATING	_____	_____
<input type="checkbox"/> DOWNRATING	_____	_____
<input type="checkbox"/> OTHERS	_____	_____

Upon application for change in my account information, I hereby agree that:

- Any alteration in the electrical installation including illegal connection found after the approval of my application for the change/s of my account information will be my responsibility and that the corresponding penalty, if any, will be on my account.
- Should conflict arise, change of my account information may be held pending or cancelled if already approved.

This includes but is not limited to:

- Protest, conflicting claims of ownership or any legal issue that may be raised involving the subject account, until and unless finally resolved by the court, appropriate agency or settled amicable.
- Proven irregularities in the application and documents submitted:
- Other analogous circumstances.

Customer's Signature Over Printed Name_____
Date

This is to acknowledge receipt of the required documents and after thorough evaluation, said documents are found to be in order: therefore, the application is recommended for approval.

Processed/Evaluated By:

Reviewed By:

Customer Welfare Desk Officer/Associate
Community Relations Officer/Associate
Key Account Officer/Associate_____
Customer Services Manager

Noted By:

Noted By:

Customer Care Manager_____
Asst. Vice President, Customer Care