



AMENDMENT FORM

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

I. CONTACT INFORMATION

Mobile No:		Email Address:	
Home Phone No:		Relationship to Account Owner:	

Will someone else apply for you? If yes, please fill in below and attach authority.

LAST NAME	FIRST NAME	MIDDLE NAME

II. DATA UPDATE / AMENDMENT

A. CORRECTION/CHANGE OF NAME

	OLD / EXISTING DATA	NEW/CORRECT DATA
LAST NAME :	_____	_____
FIRST NAME :	_____	_____
MIDDLE NAME:	_____	_____

B. CORRECTION OF ADDRESS

FROM:

Unit/House No./Floor, Building, Phase, Block No.	Street Name
Barangay/Subdivision	District

TO:

Unit/House No./Floor, Building, Phase, Block No.	Street Name
Barangay/Subdivision	District

C. CHANGE OF RATE CLASS/DOWNRATING/UPRATING/SEPARATION OF METER

	FROM	TO
<input type="checkbox"/> RATE CLASS	_____	_____
<input type="checkbox"/> UPRATING	_____	_____
<input type="checkbox"/> DOWNRATING	_____	_____
<input type="checkbox"/> SEPARATION OF METER	_____	_____

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 will be on my account.
- Conflict for the 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 amicably.
 - Proven irregularities in the application and documents submitted;
 - Other analogous circumstances.

Customer's Signature Over Printed Name

Date

FOR MORE POWER USE ONLY

EXISTING ACCOUNT DETAILS

Service No.		Rate Class:	
Serial No.		Meter No.:	
Connected Load:		Multiplier :	

This is to acknowledge receipt of the required documents and after thorough evaluation, said document/s are in order and therefore recommend application for approval.

Processed / Evaluated by:

Customer Welfare Desk Associate /
Customer Service Associate

Noted by:

Customer Service Manager

Approved by:

Head, Customer Care Department