



ELECTRIC SERVICE APPLICATION FORM

I. PERSONAL INFORMATION				
SURNAME				
FIRST NAME				
MIDDLE NAME				
DATE OF BIRTH (mm/dd/yyyy)		/	/	PLACE OF BIRTH
SEX	<input type="checkbox"/> Female <input type="checkbox"/> Male	LOCATION OF INSTALLATION		
CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Widowed	MUNICIPALITY		
	<input type="checkbox"/> Married <input type="checkbox"/> Separated	BARANGAY		
	<input type="checkbox"/> Annulled	STREET		
		SITIO		
RELIGION		SUBDIVISION		
OCCUPATION		HOUSE/BUILDING NO.		
TIN		RESIDENTIAL ADDRESS		
CONTACT NUMBER				
II. FAMILY BACKGROUND				
SPOUSE'S SURNAME		Name of Dependents	Date of Birth(mm/dd/yyyy)	Relationship
FIRST NAME			/	/
MIDDLE NAME			/	/
CONTACT NUMBER			/	/
DATE OF BIRTH (mm/dd/yyyy)	/	/	/	/
OCCUPATION			/	/
III. OTHER INFORMATION (FOR FICELCO PERSONNEL ONLY)				
ACCOUNT NAME				
MEMBERSHIP	<input type="checkbox"/> New <input type="checkbox"/> None <input type="checkbox"/> Old	CLASSIFICATION	<input type="checkbox"/> Residential <input type="checkbox"/> Street Light <input type="checkbox"/> Commercial <input type="checkbox"/> Public Building	
TYPE OF CONNECTION	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Special Service Project	RECIPIENT CLASSIFICATION	<input type="checkbox"/> Regular Application <input type="checkbox"/> NIHE <input type="checkbox"/> SEP <input type="checkbox"/> Others	
EXPIRATION DATE:	/	/	CONNECTION NO.	
REQUIREMENTS CHECKLIST				
CONSUMERS SERVICES DEPARTMENT(CSD)				
<input type="checkbox"/> PMOS Certificate				
<input type="checkbox"/> Barangay Certificate				
<input type="checkbox"/> Photocopy of valid ID				
<input type="checkbox"/> 2 Pcs 1X1 ID picture				
<input type="checkbox"/> Birth Certificate				
<input type="checkbox"/> Marriage Certificate(for Married Applicant)				
<input type="checkbox"/> Photocopy of Electrical Installer ID				
<input type="checkbox"/> MRBC Certification (Certification of cleared arrears and fees)				
Notarized Proof of Ownership(Any of the ff.)				
<input type="checkbox"/> Land Title or Tax declaration				
<input type="checkbox"/> Deed of Donation/Transfer of Ownership				
<input type="checkbox"/> Deed of Sale				
<input type="checkbox"/> Agreement of Waiver or affidavit of Consent				
<input type="checkbox"/> Others._____				
<input type="checkbox"/> Business Permit (If commercial)				
SYSTEM LOSS REDUCTION DIVISION(SLRD)				
<input type="checkbox"/> Electric Permit				
<input type="checkbox"/> Electrical Plan				
<input type="checkbox"/> Certificate of Occupancy				
<input type="checkbox"/> Building Permit				
<input type="checkbox"/> Certificate of Final Electrical				

Assisted by:

Signature over Printed Name of Applicant/Date

Consumer Service Staff/Date

Note: Please draw a sketch of your residence location at the back.