



**FIRST CATANDUANES ELECTRIC COOPERATIVE, INC.**  
Marinawa, Bato, Catanduanes  
ficelco01@yahoo.com

**SENIOR CITIZEN 5% DISCOUNT APPLICATION FORM**

Account No.: \_\_\_\_\_  
Name of Member/Consumer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Senior Citizen ID No.: \_\_\_\_\_

- A. Submitted Requirements (Kindly check on the space provided)**
- Residential End-users**  
\_\_\_\_\_ Photocopy of valid Senior Citizen’s ID card  
\_\_\_\_\_ Copy of the latest electric bill issued under the account of the Senior Citizen  
\_\_\_\_\_ Proof of Residency from Barangay  
\_\_\_\_\_ Proof of Authority (for representative)
  - Senior Citizen Center/Residential Care Facility /Institution or Group Home’s Discount**  
\_\_\_\_\_ Photocopy of DSWD Accreditation
  - Qualification for Availment**
    - Consumption must not exceed **100kwh** in a particular month.
    - The kwh meter must have been registered in your name for a period of not less than one (1) year.
    - Discount shall only apply per household.

**SUBMIT REQUIREMENTS TO WINDOW NO. 1**  
**FICELCO HEADQUARTERS, MARINAWA, BATO, CATANDUANES**

\_\_\_\_\_ *Print Name and Signature* \_\_\_\_\_ *Date Received*

**FOR FICELCO VALIDATION:**

\_\_\_\_\_ **Approved:** Billing from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ **Rejected:** \_\_\_\_\_

Validated by:	Checked by:	Recommending Approval:	Approved:
<b>MARVIN T. TAPEL</b> CE/CPEAD Head	<b>AURORA ROXANNE T. TUGANO</b> CDD Supervisor	_____ OIC-CSD Manager	<b>RAUL V. ZAFE</b> General Manager



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Name : \_\_\_\_\_  
Address: \_\_\_\_\_  
Date : \_\_\_\_\_

**Sir/Madam:**  
We are glad to inform you that upon completion of your application requirements, your residential electric service connection with Account Name \_\_\_\_\_ and address at \_\_\_\_\_ you are qualified for the availment of the Residential Senior Citizen Discount for the Calendar Year \_\_\_\_\_.  
  
You may start availing the discount 15 days after your approval or the next billing month. Please be reminded that to continue availing the discount, your monthly consumption should not exceed one hundred (100) KWH of electricity.

Your application for Senior Citizen will expire on \_\_\_\_\_, you are advised to renew your application annually.  
  
Thank you for your continuous support to the Cooperative.

Sincerely,  
  
**RAUL V. ZAFE**  
General Manager