



## ELECTRIC SERVICE APPLICATION FORM

I. PERSONAL INFORMATION				
SURNAME				
FIRST NAME				
MIDDLE NAME				NAME EXTENSION(e.g. Jr., Sr.)
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	
CITIZENSHIP			HOUSE/BUILDING NO.	
OCCUPATION			RESIDENTIAL ADDRESS	
TIN			CONTACT NUMBER	
II. FAMILY BACKGROUND				
SPOUSE'S SURNAME			Name of Dependents	Date of Birth(mm/dd/yyyy)
FIRST NAME				/ /
MIDDLE NAME				/ /
CONTACT NUMBER				/ /
DATE OF BIRTH (mm/dd/yyyy)	/	/		/ /
OCCUPATION				/ /
III. OTHER INFORMATION (FOR FICELCO PERSONNEL ONLY)				
ACCOUNT NAME				
CPMOS NUMBER			CONNECTION NUMBER	
TYPE OF CONNECTION:	<input type="checkbox"/> Temporary	RECIPIENT CLASSIFICATION	<input type="checkbox"/> Regular Application	<input type="checkbox"/> NIHE
	<input type="checkbox"/> Permanent		<input type="checkbox"/> SEP	<input type="checkbox"/> Others
	<input type="checkbox"/> Special Project			
MEMBERSHIP	<input type="checkbox"/> New	<input type="checkbox"/> None	CLASSIFICATION	<input type="checkbox"/> Residential
	<input type="checkbox"/> Old			<input type="checkbox"/> Street Light
				<input type="checkbox"/> Commercial
				<input type="checkbox"/> Public Building
REQUIREMENTS CHECKLIST				
CONSUMERS SERVICES DEPARTMENT(CSD)				
<input type="checkbox"/> PMOS Certificate <input type="checkbox"/> Certificate of Residency <input type="checkbox"/> Photocopy of valid ID <input type="checkbox"/> 2 Pcs 1X1 ID picture <input type="checkbox"/> Photocopy of latest Cedula <input type="checkbox"/> Marriage Certificate (for Married Applicant) <input type="checkbox"/> Business Permit (if Commercial)		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 with attached land title or tax declaration <input type="checkbox"/> Others :SPA for representatives		
SYSTEM LOSS REDUCTION DIVISION(SLRD)				
<input type="checkbox"/> Certificate of Final Electrical (IIEE Permit) <input type="checkbox"/> Photocopy of Electrical Installer ID <input type="checkbox"/> Electric Permit		<input type="checkbox"/> Electrical Plan <input type="checkbox"/> Certificate of Occupancy <input type="checkbox"/> Building Permit		

\_\_\_\_\_  
Signature over Printed Name of Applicant/Date

\_\_\_\_\_  
Consumer Service Staff/Date

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