

ILOCOS SUR ELCTRIC COOPERATIVE, INC.  
Santiago, Ilocos Sur

APPLICATION FOR RESIDENTIAL SENIOR CITIZEN DISCOUNT

(To be Filled-Up by the Applicant)

\_\_\_\_\_ Date

I. NAME OF APPLICANT: \_\_\_\_\_  
Surname First Name Middle Name

ADDRESS: \_\_\_\_\_  
NO. ST. Barangay Municipality/City

STATUS: \_\_\_\_\_ Single \_\_\_\_\_ Widower AGE: \_\_\_\_\_  
\_\_\_\_\_ Married \_\_\_\_\_ Widow BIRTHDAY: \_\_\_\_\_

If Married:

NAME OF SPOUSE : \_\_\_\_\_  
Surname First Name Middle Name

ADDRESS: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

I certify that the above informations' are true and correct.

\_\_\_\_\_  
APPLICANTS SIGNATURE/AUTHORIZED REPRESENTATIVE

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II. MEMBERSHIP CONNECTION DATA: (To be filled up by ISECO Personnel)

\_\_\_\_\_ Member only \_\_\_\_\_ Consumer only \_\_\_\_\_ Member-consumer

Date of Membership: \_\_\_\_\_ Membership OR#: \_\_\_\_\_ Membership ID: \_\_\_\_\_

Connection Date: \_\_\_\_\_ Account Name.: \_\_\_\_\_ Account No. \_\_\_\_\_

RSCD ID#: \_\_\_\_\_ Remarks: \_\_\_\_\_

Processed by:

Checked by:

Approved by:

\_\_\_\_\_  
Consumer Relation Staff

\_\_\_\_\_  
Consumer Welfare Dev't Officer

\_\_\_\_\_  
Sub-Area Manager