ILOCOS SUR ELECTRIC COOPERATIVE, INC.
Bigbiga, Santiago, Ilocos Sur

NON-4Ps LIFELINER APPLICATION FORM
(RENEWAL)

Date: _____ Application Form No.: _____

(To be filled-up by the applicant)

Applicant Name: _____ _____ _____
Surname *First Name* *Middle Name*

Maiden Name (if applicable): _____

Address: _____ _____ _____
House No./Zone/Sitio *Barangay* *City/Municipality*
ILOCOS SUR REGION I _____
Province *Region* *Postal Code*

Date of Birth: _____ Contact No.: _____
mm/dd/yyyy

Marital Status: () Single () Married () Widowed

Spouse Name: _____ Date of Birth: _____

Account No: _____ Account Name: _____

Ownership: () Owned () Rented () Others (please specify): _____ Annual Income: _____

(To be accomplished by Processing Personnel)

Documentary Requirements Checklist (Please check)	Other Supporting Documents (Please check)
_____1. Duly accomplished application form and Previous Certification from Local SWDO.	If electric service not registered under the name of the applicant: _____1. Proof of residence.
_____2. Most-recent electricity bill for service being applied for.	If application filed through a representative: _____1. Letter of Authority _____2. Valid government-issued ID (with signature) of the representative.
_____3. Valid government-issued ID containing the signature and address of the consumer. Valid ID: _____ ID No.: _____	In case of transfer of residence: _____1. Re-issued Certification from the local SWDO.
_____4. Certification from the local SWDO issued within six (6) months. Certification No._____	**Evaluation: () Approved** **Validity Period: _____** **() Disapproved** **Reason for Disapproval: _____**

Sa pagpirma ko, ako ay:
1. Nagpapatuinay na ang lahat ng impormasyon nakasulat dito ay tama base sa aking pinakamahusayna kaalaman.
2. Pumapayag na gamitin ang aking personal na impormasyon sa pagproseso ng aking aplikasyon, sa kondisyong nakapailalim sa Data Privacy Act of 2012.
3. Ang diskwetno ay naka-depende sa aking magiging konsumo.

_____
(Printed Name & Signature of Applicant)

Processed by: Checked and Evaluated by: Approved by:

_____ _____ _____
(Printed Name & Signature) CWDO Sub-Area Manager