

**NNSD FORM**

Doc. No.:

Revision No.:

Effective Date:

Page:

4Ps LIFELINER APPLICATION FORM**4Ps LIFELINER APPLICATION FORM**

Distribution Utility				Application Form No.		
Name of Applicant						
	<i>Surname (Apelyido)</i>	<i>First Name Pangalan</i>	<i>Middle Name Gitnang Pangalan</i>	<i>Maiden Name (if applicable) (Pangalan sa Pagkadalaga)</i>		
Address						
	<i>House No./Zone/Purok/Sitio</i>			<i>Street</i>	<i>Barangay</i>	
	<i>City/Municipality</i>	<i>Province</i>	<i>Region</i>	Postal		
Date of Birth	<i>mm-dd-yyyy</i>	Marital Status			Contact Number	
Electric Service	Customer/Account/ Service No.			Ownership	<input type="checkbox"/> Owned	<input type="checkbox"/> Rented
4Ps Household ID No. (from DSWD)				<input type="checkbox"/> Others: _____		
				<input type="checkbox"/> Valid ID		
			<input type="checkbox"/> ID No.			

To be accomplished by the processor (Ang parte na ito ay hindi kailangan sagutan ng aplikante)

Documentary Requirements Checklist	Other Supporting Documents
1. Duly accomplished application form	<input type="checkbox"/> <i>If electric service not registered under the name of the applicant:</i>
2. Most-recent electricity bill for the service being applied for	<input type="checkbox"/> <i>Proof of residence (Barangay Certification)</i>
3. Valid government-issued ID containing the signature and address of the consumer	<input type="checkbox"/> <i>If application filed through a representative:</i>
	<input type="checkbox"/> <i>Letter of Authority</i>
	<input type="checkbox"/> <i>Valid government-issued ID (with signature) of the representative</i>

Sa pagpirma ko, ako ay:

1. Nagpapatunay na ang lahat ng impormasyon nakasulat dito ay tama at totoo base sa aking pinakamahusay na kaalaman;
2. Pumapayag na gamitin ang aking personal na impormasyon sa pag-proseso ng aking aplikasyon, sa kondisyong nakapailalim sa Data Privacy Act of 2012; at
3. Ang diskwento ay naka-depende sa aking magiging konsumo

Signature above printed name
(Lagda sa taas ng pangalan)

Evaluation: Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>
Validity Period indicated in the DSWD Certified List: _____	Reason for Disapproval:

PROCESSED BY:		_____ DATE
EVALUATED BY:	EDISON P. DE GUZMAN CONSUMER WELFARE OFFICER	_____ DATE
APPROVED BY:	FRAISER P. ANGAYEN NNSD MANAGER	_____ DATE