| | NNSD FORM | Doc. No.: | |
|---|---|---|---|
| | | Revision No.: | |
| | NON-4Ps LIFELINER APPLICATION FORM | Effective Date: | |
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## NON-4Ps LIFELINER APPLICATION FORM
**(New Application)**

| | | | | |
|---|---|---|---|---|
| **Distribution Utility** | | | **Application Form No.** | |
| **Name of Applicant** | | | | |
| | ***Surname (Apelyido)*** | ***First Name Pangalan*** | ***Middle Name Gitnang Pangalan*** | ***Maiden Name (ifapplicable) (Pangalan sa Pagkadalaga)*** |
| **Address** | | | | |
| | ***House No./Zone/Purok/Sitio*** | | ***Street*** | ***Barangay*** |
| | ***City/Municipality*** | ***Province*** | ***Region*** | **Postal** |
| **Date of Birth** | ***mm-dd-yyyy*** | **Marital Status** | | **Contact Number** |
| **Electric Service** | **Customer/Account/ Service No.** | | **Ownership** | ☐ **Owned** ☐ **Rented** ☐ **Others:** _____ |
| **Certification No.** | | **Valid ID** | | **Annual Income (*Taunang Kita*)** |
| | | **ID No.** | | |

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

**Documentary Requirements Checklist**

1. Duly accomplished application form ☐
2. Most-recent electricity bill for the service being applied for ☐
3. Valid government-issued ID containing the signature and address of the consumer ☐
4. Certification from the local SWDO issued within representative six (6) months ☐

**Other Supporting Documents**

*If electric service not registered under the name of the applicant:*
Proof of residence (Barangay Cerification) ☐

*If application filed through a representative:*
Letter of Authority ☐
Valid government-issued ID (with signature) of the ☐

*In case of transfer of residence:*
Re-issued Certification from the local SWDO ☐

**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** ☐ | **Disapproved** ☐ |
| **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:** | **RAMEL B. RIFANI** NNSD MANAGER | _____ **DATE** |