



**NNSD FORM**

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**APPLICATION FOR CORRECTION OF DATA-ENTRY**

Doc. No.:	F-NNSD-06
Revision No.:	00
Effective Date:	January 14, 2019
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Date: \_\_\_\_\_

MELCHOR S. LICOBEN  
GENERAL MANAGER

Sir:

May I request that the following data/information relative to my membership/accounts with the Benguet Electric Cooperative, Inc. be corrected:

OLD/EXISTING DATA:

Account Name: \_\_\_\_\_ Members ID No. \_\_\_\_\_  
 Name of Spouse/Joint member: \_\_\_\_\_  
 Cared of tenant: \_\_\_\_\_  
 Billing address: \_\_\_\_\_ District: \_\_\_\_\_

NEW/CORRECT DATAS:

Account Name: \_\_\_\_\_ Members ID No. \_\_\_\_\_  
 Name of Spouse/Joint member: \_\_\_\_\_  
 Billing address: \_\_\_\_\_ District: \_\_\_\_\_  
 Remarks: \_\_\_\_\_

I am submitting the following documents as proof of the correct data/entry, to wit:

1. Certificate of live birth;
2. Marriage Contract;
3. Proof of correct billing address(valid ID's);
4. Certification from the Barangay Captain certifying the correct address;

I certify that the above information is true and correct to the best of my knowledge.

APPLICANT: \_\_\_\_\_  
 (Signature over printed name)  
 Contact number of applicant: \_\_\_\_\_

**ACTION TAKEN BY THE CONSUMER WELFARE OFFICE**

This is to certify that the above documents after thorough evaluation appears to be genuine/faithful reproduction from the original copies.

I further certify that the documents submitted satisfies the requirements for correction of the data requested. It is hereby recommended to effect the corrections of the entry on the subject account.

Issued by:

Approved by:

\_\_\_\_\_  
 Consumer Welfare and Call Center Associate  
 Date: \_\_\_\_\_

**EDISON DE GUZMAN**  
 Consumer Welfare Officer  
 Date: \_\_\_\_\_