

	NNSD FORM	Doc. No.:	F-NNSD-06
		Revision No.:	00
	APPLICATION FOR CORRECTION OF DATA-ENTRY	Effective Date:	February 1, 2025
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Date: _____

THE GENERAL MANAGER

Sir:

I, _____, a registered member consumer of BENECO with Membership No. _____ would like to request that the following data/information relative to my membership/accounts with the cooperative be corrected:

DATA TO BE CORRECTED:

ACCOUNT NUMBER/S: _____

- | | |
|--|---|
| <input type="checkbox"/> Account Name | <input type="checkbox"/> Membership Name |
| <input type="checkbox"/> Account Address | <input type="checkbox"/> Membership Address |
| <input type="checkbox"/> Contact Information | <input type="checkbox"/> Others (Please Specify): _____ |

NEW/CORRECT DATA:

New and Correct Information: _____

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

- | | |
|--|--|
| <input type="checkbox"/> Valid ID | <input type="checkbox"/> Affidavit of Two-Disinterested Person |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Barangay Certificate (Proof of Residency) |
| <input type="checkbox"/> Marriage Contract | <input type="checkbox"/> Others (Please Specify): _____ |

Note: BENECO may require additional documents for validation purposes.

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.

Evaluated by:

Reviewed by:

 Consumer Welfare and Call Center Associate

EDISON DE GUZMAN
 Consumer Welfare Officer

Date: _____

Date: _____

Approved by:

RAMEL B. RIFANI
 Department Manager, NNSD

Date: _____