

	NNSD FORM APPLICATION FOR CORRECTION OF DATA-ENTRY	Doc. No.:	F-NNSD-06
		Revision No.:	02
		Effective Date:	January 16, 2026
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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 and all documents submitted are genuine/faithful reproduction from the original copies.

APPLICANT: _____

(Signature over printed name)

Contact number of applicant: _____

ACTION TAKEN BY THE CONSUMER WELFARE OFFICE

This is to acknowledge receipt of the required documents and after thorough evaluation, said documents/s are in order and therefore recommend application for approval.

Evaluated by:

Reviewed by:

Consumer Welfare and Call Center Associate

Consumer Welfare Officer

Date: _____

Date: _____

Approved by:

RAMEL B. RIFANI
Department Manager, NNSD

Date: _____