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|  | <b>NNSD FORM</b>   | Doc. No.:       | <b>F-NNSD-11</b> |
|   |  | Revision No.:   | 00               |
|   | <b>APPLICATION FOR RECONNECTION OF LONG-TIME DISCONNECTED ACCOUNTS</b> | Effective Date: | July 1, 2023     |
|   |  | Page:           | Page 1 of 1      |

Date: \_\_\_\_\_

**THE GENERAL MANAGER**

Sir:

May I request for the reconnection of the electric service with the following details:

Name \_\_\_\_\_ location/address \_\_\_\_\_ with  
 Account Number/s: \_\_\_\_\_ Meter Serial Number/s: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I AM SUBMITTING THE FOLLOWING REQUIRED DOCUMENTS:**

1. Proof of full payment of delinquent accounts including surcharges and reconnection fee
2. Certificate of Final Electrical Inspection (CFEI)
3. Certification from BENECO accredited Electrical Practitioner
4. Location Sketch/map
5. Written authorization or Special Power of Attorney from the registered member if requesting party is representative
6. Lease contract in case requesting party is a tenant or an affidavit of waiver of the tenant (form with BENECO)
7. Notarized affidavit of Waiver if applicant is a tenant or representative
8. Photocopy of Valid ID of Applicant
9. Latest picture of kilowatt hour meter

Upon approval of my application for reconnection of electric service connection, I manifest that:

1. I agree to be held responsible for the said BENECO account/s. That should I leave the property, I am obligated to inform BENECO otherwise the liability remains with me;
2. I agree that all obligations relative to the said account not limited to the consumption shall be my responsibility;
3. Should I fail to submit a valid proof of ownership, I understand that approval of my application shall not be construed as proof of my ownership over the property installed with electric service, subject of my application for reconnection;
4. BENECO can disconnect my electrical services without further notice on the following grounds, *to wit*:
  - a. Protest, conflicting claims of ownership or any legal issue that may be raised involving the subject account, until and unless finally resolved by the court, appropriate agency or settled amicably.
  - b. Proven irregularities in the application and documents submitted.

\_\_\_\_\_  
**Applicant's signature over printed name**  
 Contact No. \_\_\_\_\_

**ACTION TAKEN BY THE CONSUMER WELFARE OFFICE**

This is to acknowledge receipt of the above documents as requirements for reconnection of a long-time disconnected accounts. The said documents shall be transmitted to the Network Services Department for their final evaluation and implementation.

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: \_\_\_\_\_