



NORTHERN SAMAR ELECTRIC COOPERATIVE, INC.

NORSAMELCO

Brgy. Magsaysay, Bobon, Northern Samar

Hotline Nos.: 09686906150 | 09670148423 | 09508506795 | 09672370255

APPLICATION FOR CHANGE OF NAME (to be filled out by the Applicant)

Old Member New Member

Name _____ Age _____ Date of Birth _____

Spouse Name _____ Age _____ Date of Birth _____

Address _____

Municipality _____ House No. _____ Street _____ Purok/Zone/Brgy/Sitio _____

Contact No. _____ Highest Educational Attainment _____

I hereby certify that the above information contained herein are true and correct to the best of my knowledge and belief.

Applicant
(Signature over Printed Name)

KWHR METER PROFILE OF PREVIOUS REGISTERED OWNER

Registered Owner : _____ Address : _____

Meter No. : _____ Account no : _____

WAIVER OF KWHR METER (to be executed by the Registered Member-Consumer)

I, _____ a bonafide member-consumer of the Northern Samar Electric Coopeartive, Inc, of legal age, and a resident of _____, do hereby waive my rights and obligations to the above described KWHR Meter.

This is done to attest my voluntary relinquishment of the KWHR Meter registered under my name and my willingness to renounce my membership from the Cooperative.

Member-Consumer
(Signature over Printed Name)

FEES:

Bill deposit : Php _____ OR # / Date : _____ Teller's Signature : _____

Membership fee : Php _____ OR # / Date : _____

REQUIREMENTS CHECKLIST

To be secured from the APPLICANT (Applicant must submit any of the following requirements)

- 1. Photocopy of Deed of Sale (if house is purchased)
- 2. Photocopy of Death Certificate or Brgy. Certification (if owner is deceased)
- 3. Brgy. Certification (if owner cannot be located)
- 4. Memorandum of Agreement with the owner – notarized (if house is rented)

To be secured from the APPLICANT

- 1. Brgy. Certificate of Residency
- 2. ID pic 1x1 (2 pcs) (for new members only)

To be secured from NORSAMELCO

- 1. Duly accomplished Application for Membership Form
- 2. Pre-membership Seminar (for new members only)
- 3. Certificate of NO ACCOUNTABILITY with attached Consumer's Ledger (for Old Members Only)
- 4. Waiver of KWHR Meter

I hereby certify that the documents submitted are complete and filled up accordingly.

Received by:

Consumer Welfare Assistant
Date Received _____

Recommending Approval:

RAMIL C. MORA
ISD Manager

Checked by:

Branch Office Manager

Approved by:

HECTOR N. TABILISMA
Acting General Manager