



NORTHERN SAMAR ELECTRIC COOPERATIVE, INC.

NORSAMELCO

Brgy. Magsaysay, Bobon, Northern Samar

Hotline Nos.: 09686906150 | 09670148423 | 09508506795 | 09672370255

APPLICATION NO.

APPLICATION FOR NEW CONNECTION

Old Member New Member

Type of Membership: Single Joint Juridical

Name _____ Age _____ Date of Birth _____

Spouse Name _____ Age _____ Date of Birth _____

Address _____

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

Contact No. _____ Highest Educational Attainment _____ Approximate Monthly Income _____

Employer _____ Position _____

Neighbor's Account Name _____ Account Number _____ Address _____

I HEREBY CERTIFY and AFFIRM that the above information contained herein are true and correct to the best of my knowledge and belief.

Signature over Printed Name

Customer Classification: Residential Commercial Public Building Street Light Industrial

FEES:

1. KWH Meter		
2. Meter Box	1pc	
3. Meter Seal	1pc	
4. Electrical Tape	1 roll	
5. Woodscrew	4pcs	
6. Compression Connector (Small)	4 pcs	
7. Compression Connector (Big)	2 pcs	
8. Insulated SDW no. 6	_____ meters	
9. Others _____		
	Sub-Total	
	12% EVAT	
	Service Fee	
	Membership Fee	
	Bill Deposit	
	Total	
		OR No. _____ Date _____
		OR No. _____ Date _____
		Teller's Signature _____

ATTACHED DOCUMENTS:

- | | |
|---|--|
| <input type="checkbox"/> 1. Application for Membership with ID Picture (1x1, 2pcs.)
<input type="checkbox"/> 2. Barangay Certificate of Residency
<input type="checkbox"/> 3. PMES Certificate of Attendance <i>(for New Member)</i>
<input type="checkbox"/> 4. Authorized Electrician Building/House Wiring Report
<input type="checkbox"/> 5. Photocopy of Neighbor's Official Receipt or Statement of Account | <input type="checkbox"/> 6. Fire Safety Clearance
<input type="checkbox"/> 7. Electrical Permit
<input type="checkbox"/> 8. Certificate of Final Electrical Inspection
<input type="checkbox"/> 9. Electrical Plan
<input type="checkbox"/> 10. Certificate of NO ACCOUNTABILITY with attached Consumer's Ledger <i>(for Old Member)</i> |
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I HEREBY CERTIFY that the attached documents submitted are complete and filled up accordingly.

Received by: _____	Checked by: _____	Approved by: _____
Consumer Welfare Assistant	Branch Supervisor	Branch Manager
Date Received: _____		

NEW KWH METER DETAILS:

Serial No. _____ Type _____ Initial Reading _____

ACCOMPLISHED IN THE PRESENCE OF:

_____ Printed Name & Signature Member Consumer	Lineman's Name: _____ Signature: _____ Date: _____ Time Started: _____ Time Accomplished: _____
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