



CAGAYAN I ELECTRIC COOPERATIVE, INC.

Maddarulug, Solana, Cagayan
Contact Nos. 078-844-1595 ; 09175782437

APPLICATION FOR AVAILMENT OF 5% DISCOUNT FOR SENIOR CITIZEN ON ELECTRICITY CONSUMPTION PER R.A. 9994

Control #: _____
Account #: _____ Meter #: _____ Address: _____
Name of Senior Citizen: _____ Age: ____ Gender: ____ Contact #: _____

I hereby apply for the availment of the five percent (5%) discount on my electric consumption subject to the following conditions set forth in accordance with the ERC implementing Rules and Regulations of the Republic Act 9994, otherwise known as Expanded Senior Citizen Act of 2010.

1. That I am a **registered Member-Consumer of CAGELCO I for at least one year.**
2. That I am residing in the above stated household with Account and Meter Serial Number declared above.
3. That my monthly electric consumption does not exceed **100 KWH.**
4. That I agree to present and submit the following requirements:
 - a. Proof of Age and Citizenship (any of the following)**
 - i. Birth Certificate or any proof of birth; or
 - ii. Valid Senior Citizen Identification Card issued by the Office of Senior Citizen's Affairs (OSCA) in the city or municipality where the elderly resides; or
 - iii. Philippine passport or any gov't identification card (Driver's license, Voter's ID, SSS/GSIS, PRC card, Postal ID)
 - b. Proof of Residence (any of the following)**
 - i. Barangay certificate; or
 - ii. Affidavit of two (2) disinterested persons duly notarized and has known the Senior Citizen for not less than one year
 - c. Proof authority (if through a representative)**
 - i. Valid ID of the representative; and
 - ii. Authorization letter duly signed or thumb-marked by the Senior Citizen consumer which shall be valid only for a period of one(1) year from date of issuance.
 - d. Proof of billing**
 - i. Copy of electric bill issued in the name of the senior citizen.
5. That this application is subject for confirmation/validation by CAGELCO 1, and if approved, my application is renewable annually.
6. That any misrepresentation regarding my application is a clear ground for my disqualification to avail of the said discount.

Signed this _____ day of _____, 20____ at _____, Cagayan

Signature over Printed Name of Applicant

VERIFICATION SLIP (to be filled out by CAGELCO 1 Personnel)

ISD	FSD
Registered Name: _____	Account #: _____
Address: _____	Meter Serial #: _____
Date Applied: _____	Route #: _____ Seq #: _____
OR #: _____ MC ID#: _____	Classification: _____

Verified by:

ISD Personnel

Date

FSD Personnel

Date

Checked by:

Recommending Approval:

Noted by:

JENNELYN F. MAPPATAO
Sub-Office Head, Area 1

FRANCISCA D. OBISPO
ISD Manager

ENGR. TITO R. LINGAN
General Manager