



MERALCO

**BILL DEPOSIT REFUND*
APPLICATION FORM
(ACTIVE NON-RESIDENTIAL CUSTOMERS)**

Service Identification Number (SIN): _____

Date: _____

**Only customers who paid their respective regular monthly bills on or before due date for the past 36 months shall be eligible to avail of the bill deposit refund.*

CLAIMANT INFORMATION

Claimant's Name	Contact Information
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Service Address

Representative (If applicable)	Relationship to Customer	Contact Information
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REFUND INFORMATION

Mode

<input type="checkbox"/> Refund in Cash or Check	<input type="checkbox"/> Cash (≤ P5000)	<input type="checkbox"/> Cash (> P5000)	<input type="checkbox"/> Check (> P5000)
<input type="checkbox"/> Application to Unpaid Bills, net amount, if any, for refund in	<input type="checkbox"/> Cash (≤ P5000)	<input type="checkbox"/> Cash (> P5000)	<input type="checkbox"/> Check (> P5000)
<input type="checkbox"/> Credit to Future Bills			

STATEMENT OF INTENT

I hereby apply for a refund of my Bill Deposit under my electric service contract with the above-stated Service Identification Number (SIN).

I agree that the refund includes the Bill Deposit Principal and accrued interest*, net of my pending outstanding bills, if any.

I attest to my right and/or authority to claim the refund, and I agree to hold Meralco free and harmless from any and all liabilities arising from or in connection with the Bill Deposit upon payment to me or my authorized representative of the refund amount due. I undertake to return the amount paid or any portion thereof if shown in the future to be erroneous or due to another person or entity.

I agree that in the event I pay any of my succeeding regular monthly bills after the due date, I shall be required to post a new bill deposit equivalent to my previous twelve(12)-month average bills within thirty (30) calendar days from notice thereof. Furthermore, I acknowledge that non-payment of the re-imposed bill deposit shall be a ground for the disconnection of my electric service.

* The computation of interest is subject to adjustment as may be approved by the Energy Regulatory Commission.

I hereby certify that all information provided and documents submitted in support of my application for refund are true, correct and complete. I further attest that I have personally signed this form or the signature appearing herein is authorized and authentic.

By: _____
Signature over Printed Name of the Registered Customer/Authorized Representative

DO NOT FILL OUT – FOR MERALCO USE ONLY

Documentary Requirements

- | | | |
|---|---|--|
| <input type="checkbox"/> Original Bill Deposit Receipt
<input type="checkbox"/> Valid ID of the Registered Customer/Authorized Representative
<input type="checkbox"/> Identification and Authorization Documents

If Cooperative
<input type="checkbox"/> Articles of Cooperation
<input type="checkbox"/> Cooperative Development Authority (CDA) Registration
<input type="checkbox"/> Latest General Information Sheet (GIS)
<input type="checkbox"/> 2 Valid IDs of the Authorized Representative

If Corporation under Receivership/ Rehabilitation
<input type="checkbox"/> Articles of Incorporation
<input type="checkbox"/> Latest GIS
<input type="checkbox"/> Certified True Copy of Court-issued Appointment Papers of the Corporation's Receiver or Rehabilitator
<input type="checkbox"/> 2 Valid IDs of the Receiver or Rehabilitator

If Dissolved or Winding-up Corporation
<input type="checkbox"/> SEC Certificate of Revocation of License
<input type="checkbox"/> SEC Certificate of the Agent of the Dissolved/ Winding-up corporation
<input type="checkbox"/> 2 Valid IDs of the Agent | If Corporation including GOCC without Charter
<input type="checkbox"/> Articles of Incorporation
<input type="checkbox"/> Latest GIS
<input type="checkbox"/> Authorization Letter/Notarized Board Resolution/Secretary's Certificate
<input type="checkbox"/> 2 Valid IDs of the Authorized Representative

If GOCC with Charter
<input type="checkbox"/> List of Officers
<input type="checkbox"/> Notarized Board Resolution/ Secretary's Certificate
<input type="checkbox"/> 2 Valid IDs of the Authorized Representative

If Homeowners' Association
<input type="checkbox"/> Articles of Incorporation
<input type="checkbox"/> Housing and Land Use Regulatory Board (HLURB) Certificate
<input type="checkbox"/> Latest list of officers filed in HLURB
<input type="checkbox"/> Notarized Board Resolution/Secretary's Certificate
<input type="checkbox"/> 2 Valid IDs of the Authorized Representative

If Local Government Unit (LGU) – Barangay/City/Municipality/ Province
<input type="checkbox"/> Certificate from the LGU Chief Executive
<input type="checkbox"/> Authorization Letter from the LGU Chief Executive
<input type="checkbox"/> 2 Valid IDs of the Treasurer | If National Government Agency or Instrumentality
<input type="checkbox"/> Authorization Letter issued by the Secretary or Head
<input type="checkbox"/> 2 Valid IDs of the Authorized Representative

If Partnership
<input type="checkbox"/> Articles of Partnership
<input type="checkbox"/> Latest GIS
<input type="checkbox"/> Partner's Certificate
<input type="checkbox"/> 2 Valid IDs of the Authorized Representative

If Religious Institution
<input type="checkbox"/> Articles of Incorporation
<input type="checkbox"/> Authorization Letter from the Sole Incorporator
<input type="checkbox"/> Latest General Information Sheet
<input type="checkbox"/> 2 Valid IDs of the Authorized Representative

If Sole Proprietorship
<input type="checkbox"/> DTI Certification/Mayor's Permit/LGU Business Permit
<input type="checkbox"/> BIR Certificate of Registration
<input type="checkbox"/> Valid ID of the Business Owner |
|---|---|--|

RECEIVED BY:

Signature over Printed Name

Man No.: _____ Date: _____

REMARKS:
 ELIGIBLE NOT ELIGIBLE
 OTHERS

EVALUATED BY:

Signature over Printed Name

Man No.: _____ Date: _____

REMARKS:
 COMPLETE REQUIREMENTS OTHERS
 INCOMPLETE REQUIREMENT/S

APPROVED BY:	REFUND MODE:
FIRST-LEVEL APPROVER	<input type="checkbox"/> CASH
_____ Signature over Printed Name	<input type="checkbox"/> CHECK
Man No.: _____ Date: _____	<input type="checkbox"/> APPLICATION TO UNPAID BILLS, NET AMOUNT, IF ANY FOR REFUND IN
SECOND-LEVEL APPROVER	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT TO FUTURE BILLS
_____ Signature over Printed Name	<input type="checkbox"/> CREDIT TO FUTURE BILLS
Man No.: _____ Date: _____	

BILL DEPOSIT REFUND STUB

CUSTOMER NAME: _____ **SIN:** _____

You may claim your Bill Deposit Refund on _____, at any time between 8:00 AM and 5:00 PM. PLEASE BRING THE ORIGINAL AND PHOTOCOPY OF YOUR VALID ID.

By: _____
Signature Over Printed Name of MERALCO Representative/Date