



BILL DEPOSIT REFUND* APPLICATION FORM (ACTIVE 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 (The claimant shall refer to the Registered Customer (RC), Legal Heir if RC is deceased or Successor-in-Interest.)

Claimant's Name	<i>Please indicate if claimant is the:</i> <input type="checkbox"/> Registered Customer <input type="checkbox"/> Legal Heir <input type="checkbox"/> Successor-in-Interest	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

In connection with my Electric Service Contract with Meralco under the above stated Service Identification Number, I hereby apply for the refund of my Bill Deposit.

I agree that the refund is inclusive of the Bill Deposit Principal and the Interests* accruing thereto, net of my pending outstanding bills, if any. I attest that I have the right and/or authority to claim the refund and I agree to hold Meralco free and harmless from any liability upon due payment of the refund. In case any third party claimant thereafter proves his entitlement to the refund, I hereby undertake to reimburse the said third party claimant of the refund amount.

As provided under the Magna Carta for Residential Electricity Consumers, 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 and shall lose my right to refund the said bill deposit in the future until termination of my electric service. 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 interests is subject to adjustment as may be approved by the Energy Regulatory Commission.

I hereby certify that all information provided in this form, as well as the documents submitted in support of my application, are correct and complete. I attest that I have personally signed this form and that the signature appearing hereon is authentic.

By: _____
Signature over Printed Name of the Registered Customer/Legal Heir/Successor-in-Interest**

*** An Authorized Representative may be allowed to sign this application form in behalf of the Registered Customer/Legal Heir/Successor-in-Interest provided that a duly Notarized Special Power of Attorney (SPA) is submitted.*

DO NOT FILL OUT – FOR MERALCO USE ONLY

Documentary Requirements

- | | | |
|--|---|--|
| <input type="checkbox"/> Original Bill Deposit Receipt
<input type="checkbox"/> Valid ID of Registered Customer/Legal Heir/Successor-in-Interest

Additional Requirements:

If Representative
<input type="checkbox"/> Authorization Letter
<input type="checkbox"/> Notarized Special Power of Attorney
<input type="checkbox"/> 2 Valid IDs of the Authorized Representative | If Legal Heir
<input type="checkbox"/> Death Certificate of the Deceased RC
<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Marriage Certificate
<input type="checkbox"/> Affidavit of Sole Adjudication
<input type="checkbox"/> Affidavit of Sole Adjudication with proof of publication
<input type="checkbox"/> Waiver of Rights with Notarized Special Power of Attorney
<input type="checkbox"/> Notarized Extra-Judicial Settlement of Estate with proof of publication | If Successor-in-Interest
<input type="checkbox"/> Waiver of Rights
<input type="checkbox"/> Deed of Assignment of Rights |
|--|---|--|

RECEIVED BY: _____ Man No.: _____ _____ Date: _____ Signature over Printed Name REMARKS: <input type="checkbox"/> ELIGIBLE <input type="checkbox"/> NOT ELIGIBLE _____ <input type="checkbox"/> OTHERS _____	EVALUATED BY: _____ Man No.: _____ _____ Date: _____ Signature over Printed Name REMARKS: <input type="checkbox"/> COMPLETE REQUIREMENTS <input type="checkbox"/> OTHERS _____ <input type="checkbox"/> INCOMPLETE REQUIREMENT/S _____
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APPROVED BY: FIRST-LEVEL APPROVER _____ Man No.: _____ Date: _____ _____ Signature over Printed Name SECOND-LEVEL APPROVER _____ Man No.: _____ Date: _____ _____ Signature over Printed Name	REFUND MODE: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> APPLICATION TO UNPAID BILLS, NET AMOUNT, IF ANY, FOR REFUND IN <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT TO FUTURE BILLS <input type="checkbox"/> CREDIT TO FUTURE BILLS
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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