



☐ **New Application**

☐ **Renewal**
☐ **Personal appearance**
☐ **Representative**

**APPLICATION FOR SENIOR CITIZEN'S DISCOUNT
(REPUBLIC ACT 9994 – EXPANDED SENIOR CITIZEN ACT OF 2010)**

(This application should be renewed annually to the utility provider)

Account Name: _____ **Account No.:** _____

Account Address: _____

Contact No./Telephone No. _____

Authorized Representative: _____

Applicant's /Representative's Signature

Date

Requirements submitted:

Application recd. /attested by:

☐ **Proof of age and citizenship**

☐ **Proof of billing**
(Meter registration should be in the name of the senior citizen for a period of 1 year)

☐ **Proof of residence**

☐ **Representative's Identification**

Verified by:

Application approved by:

CSA-Investigator
Remarks:

Manager, Commercial Dept.

VALID FOR 12 MONTHS

Effective: _____