

REQUEST FOR CONSUMER ACCOUNT UPDATING FORM

	PLEASE FILL IN THE REC	QUIRED FIELDS
To (New Owner) Address:		Account Number:
		Contact Number:
		Years in Residence:
TO	BE FILLED UP BY ZAMC	ELCO PERSONNEL
Residential Non-Residen	tial:Semi	nar Date Attended:
Member Non-Membe		
Membership No.:	Date:	:
CHA	NGE OF ACCOUNT NAM	IE REQUIREMENTS
SOLD PROPERTY	DEATH	JOINT MEMBERSHIP
Deed Of Sale/Waiver/Affida		Marriage Contract
Lot Title	Valid ID	Valid ID
Barangay Clearance	Birth Certificate or	_
Valid ID	— Marriage Contract (I	f related)
VOLUNTARY TRANSFER O	OF ACCOUNT NAME	CORRECTION OF ACCOUNT NAME
 Affidavit		Valid ID Affidavit of Discrepancy
Valid ID		Birth Certificate
SEPARATION OF JOINT MI	EMBERSHIP	SINGLE TO MARRIED
Affidavit Valid ID	Death	Marriage Contract Valid ID
	/ Declaration of Nullity of Ma	<u> </u>
BUSINESS	·	
Business Permit Affidavit (Transfer of name) Tin No./SEC No. Contract of Lease (If rented)		Received by:
		Date:
Valid ID	,	
PAYME	NT OF MEMBERSHIP FE	ES FOR NON-MEMBER
With Membership Fees: Yes	No OP No.	OR No:
_	- —	
		o understand that any willful dishonesty
may render for refusal of this application	on.	
Acknowledge by: (New owner)		
(Signature over printed name)	(Signature over printed name - w	ritness)
Processed by:	Cleared by:	Payment processed by:
	CERYL A. RAZ	
Membership Services Division	Consumers Accounts D	Division Teller
Endorsed by:	Endorsed by:	
ATTY. LEIZEL S. LACASTESA	NTOS	KENNETH AL-JOHN A. ABAS
OIC - ISD Manager		Chief Administrative Officer
ENCD CANNAMEDED THE		

ENGR. GANNYMEDE B. TIU

General Manager