



METER DEPOSIT REFUND APPLICATION FORM

(ACTIVE RESIDENTIAL AND NON-RESIDENTIAL CUSTOMERS)

Service Identification Number (SIN): _____

Date: _____

CLAIMANT INFORMATION

Claimant's Name _____ Contact Information _____

Service Address _____

Representative (if applicable) _____ Relationship to Customer _____ Contact Information _____

REFUND INFORMATION

Mode

- Refund in Cash or Check Cash (≤ P4000) Cash (> P4000) Check (> P4000)
- Application to Unpaid Bills, net amount, if any, for refund in Cash (≤ P4000) Cash (> P4000) Check (> P4000)
- Credit to Future Bills

CREDITABLE WITHHOLDING TAX ON METER DEPOSIT INTEREST

Following Bureau of Internal Revenue Regulation (BIR) No. 2-2009, Residential and General Service customers whose monthly electricity consumption exceeds 200 kWh as classified by MERALCO and all Non-Residential service customers are subject to Creditable Withholding Tax (CWT) on Meter Deposit Interest.

Tax Identification Number (TIN): _____ Mailing Address: This shall refer to the address where the claimant prefers to receive correspondence.

House/Bldg. No. _____ Street Name _____

Subdiv./or/Range _____ City/Municipality _____ ZIP Code _____

STATEMENT OF INTENT

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

I understand and agree that the amount to be received/applied to my unpaid obligation and/or future billings represents the principal amount of my meter deposit and accrued interest, net of Creditable Withholding Tax (CWT) if applicable.

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 Meter Deposit upon payment to me or my authorized representative of the refund amount due. I undertake to return the amount received or any portion thereof if shown in the future to be erroneous or due to another person or entity.

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

- Original Meter Deposit Receipt
- Valid ID of the Registered Customer/Authorized Representative
- Identification and Authorization Documents
 - If Representative
 - Authorization Letter
 - Notarized Special Power of Attorney
 - 2 Valid IDs of the Authorized Representative
 - If Legal Heir
 - Death Certificate of the Deceased RC
 - Birth Certificate
 - Marriage Certificate
 - Affidavit of Sole Adjudication
 - Affidavit of Sole Adjudication with proof of publication
 - Waiver of Rights with Notarized Special Power of Attorney
 - Notarized Extra-Judicial Settlement of Estate with proof of publication
 - If Successor-in-Interest
 - Waiver of Rights
 - Deed of Assignment of Rights
 - If Cooperative
 - Articles of Cooperation
 - Cooperative Development Authority (CDA) Registration
 - Latest General Information Sheet (GIS)
 - 2 Valid IDs of the Authorized Representative
- If Corporation under Receivership/ Rehabilitation
 - Articles of Incorporation
 - Latest GIS
 - Certified True Copy of Court-issued Appointment Papers of the Corporation's Receiver or Rehabilitator
 - 2 Valid IDs of the Receiver or Rehabilitator
- If Dissolved or Winding-up Corporation
 - SEC Certificate of Revocation of License
 - SEC Certificate of the Agent of the Dissolved or Winding-up corporation
 - 2 Valid IDs of the Agent
- If Corporation including GOCC without Charter
 - Articles of Incorporation
 - Latest GIS
 - Authorization Letter/Notarized Board Resolution/Secretary's Certificate
 - 2 Valid IDs of the Authorized Representative
- If GOCC with Charter
 - List of Officers
 - Notarized Board Resolution/ Secretary's Certificate
 - 2 Valid IDs of the Authorized Representative
- If Homeowners' Association
 - Articles of Incorporation
 - Housing and Land Use Regulatory Board (HLURB) Certificate
 - Latest list of officers filed in HLURB
 - Notarized Board Resolution/Secretary's Certificate
 - 2 Valid IDs of the Authorized Representative
- If Local Government Unit (LGU) – Barangay/City/Municipality/Province
 - Certificate from the LGU Chief Executive
 - Authorization Letter from the LGU Chief Executive
 - 2 Valid IDs of the Treasurer
- If National Government Agency or Instrumentality
 - Authorization Letter issued by the Secretary or Head
 - 2 Valid IDs of the Authorized Representative
- If Partnership
 - Articles of Partnership
 - Latest GIS
 - Partner's Certificate
 - 2 Valid IDs of the Authorized Representative
- If Religious Institution
 - Articles of Incorporation
 - Authorization Letter from the Sole Incorporator
 - Latest General Information Sheet
 - 2 Valid IDs of the Authorized Representative
- If Sole Proprietorship
 - DTI Certificate/Mayor's Permit/LGU Business Permit
 - BIR Certificate of Registration
 - Valid ID of the Business Owner
- If Subject to CWT
 - TIN Card
 - BIR Certificate of Registration
 - BIR-issued Tax Exemption Certificate

RECEIVED BY: _____ Men No.: _____
Signature over Printed Name _____ Date: _____

REMARKS:
 ELIGIBLE NOT ELIGIBLE
 OTHERS _____

EVALUATED BY: _____ Men No.: _____
Signature over Printed Name _____ Date: _____

REMARKS:
 COMPLETE REQUIREMENTS OTHERS _____
 INCOMPLETE REQUIREMENT/S _____

APPROVED BY:

FIRST-LEVEL APPROVER

Signature over Printed Name _____ Men No.: _____ Date: _____

SECOND-LEVEL APPROVER

Signature over Printed Name _____ Men No.: _____ Date: _____

REFUND MODE:

- CASH
- CHECK
- APPLICATION TO UNPAID BILLS, NET AMOUNT, IF ANY FOR REFUND IN
- CASH CHECK CREDIT TO FUTURE BILLS
- CREDIT TO FUTURE BILLS

METER DEPOSIT REFUND STUB

CUSTOMER NAME: _____ SIN: _____

You may claim your Bill and/or Meter 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