

**APPLICATION FORM**  
**Expanded Senior Citizens Act of 2010 (RA 9994)**

Account Name: \_\_\_\_\_ Contract Account Number (CAN): \_\_\_\_\_  
Address: \_\_\_\_\_ Meter No.: \_\_\_\_\_  
Tel. No.: \_\_\_\_\_ Date of Application: \_\_\_\_\_

In compliance with the requirements of RA 9994 or the Expanded Senior Citizens Act of 2010, I am hereby submitting the following documents as applicable:

- Senior Citizen's ID
- Latest MWPV subsidiary water bill
- Proof of residence in the stated address
- Special Power of attorney (if necessary)
- Other government-issued identification document (ID)
- Accreditation from the DSWD
- Appropriate authorization certificate of the representative (if necessary)
- Other documents \_\_\_\_\_

**I have also been informed that this application should be renewed 2 months before Anniversary Date (i.e. 12 months after first discount, or December 31 of the following year, whichever is later), otherwise, discount shall be automatically withdrawn upon Anniversary Date.**

REMARKS:

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\_\_\_\_\_  
Name and Signature of the Applicant  
OSCA / DSWD License No.: \_\_\_\_\_

(To be filled out by the MWPV Subsidiary representative)

Approved? (Y/N) \_\_\_\_\_

If disapproved, please state reason: \_\_\_\_\_

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Recommended by:

Approval:

\_\_\_\_\_  
Name and Signature of Territory Manager

\_\_\_\_\_  
Name and Signature of Business  
Operations Manager/Head

Date: \_\_\_\_\_

Date: \_\_\_\_\_