



REPUBLIC OF THE PHILIPPINES  
**METROPOLITAN NAGA WATER DISTRICT**  
 40 J. Miranda Avenue, Naga City  
 473-8438/ 0919-6486369/ 0927-4633596 - Customer Services Division  
 473-2040/ 0919-6486365/ 0927-4631859 - Water Distribution & Restoration Division

**ADMINISTRATION AND FINANCE GROUP  
 COMMERCIAL SERVICES DEPARTMENT  
 CUSTOMER SERVICES DIVISION**

**CHANGE OF REGISTRATION APPLICATION**

Please complete all sections of this application

AIO NO.

<b>APPLICANT'S NAME</b> [Last Name, Given Name, Name Extension, Middle Name/ Name of Institution]		<b>GENDER</b>	<b>DATE OF BIRTH</b>
<b>SPOUSE'S NAME</b> (If married)	<b>NUMBER OF OCCUPANT/S</b>	<b>CONTACT NO.</b>	<b>E-MAIL ADDRESS</b>
	Female <span style="margin-left: 150px;">Male</span>		
<b>I HEREBY APPLY FOR CHANGE OF REGISTRATION FROM:</b>			
<b>ACCOUNT NAME</b>	<b>ADDRESS</b>	<b>ACCOUNT NUMBER</b>	
<b>APPLICANT</b>	<b>LOT OWNER</b>	<b>HOUSE/BUILDING OWNER</b>	
<b>Signature over Printed Name</b>	<b>Signature over Printed Name</b>	<b>Signature over Printed Name</b>	

<b>CHECKLIST OF REQUIREMENTS</b>														
<p><b>A. THE APPLICANT IS THE OWNER OR LESSOR OF THE LOT, PROPERTY, STRUCTURE</b></p> <p><input type="checkbox"/> Photocopy of any valid ID w/ picture of the applicant or his/her authorized representative with three specimen signatures.</p> <p><input type="checkbox"/> SPECIAL POWER OF ATTORNEY (Notarized) or Authorization Letter in case of absence of the principal.</p> <p><input type="checkbox"/> CERTIFICATE of Birth, Death, Marriage , Extra-Judicial Settlement, Last Will &amp; Testament, Deed of Assignment, Acknowledgement Receipt and Secretaries Certificate to determine authority of signatories.</p> <p>Name of Representative: _____</p> <p><b>ANY ONE (1) OF THE FOLLOWING DOCUMENTS: (PHOTOCOPY ONLY)</b></p> <p><input type="checkbox"/> DEED OF SALE with OCT, TCT or TD in the name of the previous owner</p> <p><input type="checkbox"/> CERTIFICATE OF AWARD for Urban Poor Development Program, Project/Relocation Sites</p> <p><input type="checkbox"/> CLOA (Certificate of Land Ownership Award) under Comprehensive Agrarian Reform Program (CARP)</p> <p><input type="checkbox"/> TRANSFER CERTIFICATE OF TITLE (TCT)</p> <p><input type="checkbox"/> CONTRACT TO SELL with OCT, TCT or TD in the name of the previous owner with request letter with conformity or approval of the previous owner</p> <p><input type="checkbox"/> LEASE CONTRACT with attached OCT, TCT or TD in the name of the owner/lessor with request letter with conformity or approval of the owner</p> <p><input type="checkbox"/> TAX DECLARATION (TD), in the name of the applicant - current year</p> <p><input type="checkbox"/> DEED OF DONATION with OCT, TCT or TD in the name of the donor</p>	<p><b>B. REGISTERED CUSTOMER TRANSFERS THE UTILIZATION OF SERVICE TO A WILLING PARTY</b></p> <p><input type="checkbox"/> Photocopy of any valid ID w/ picture of the applicant and previous owner or his/her authorized representative with three specimen signatures.</p> <p><input type="checkbox"/> SPECIAL POWER OF ATTORNEY (Notarized) or Authorization Letter in case of absence of the principal.</p> <p>Name of Representative: _____</p> <p>I hereby authorize the change of account ownership for the reason stated above. Furthermore, I declare that I have full knowledge and pose no objection pertaining to the change in account name.</p> <p style="text-align: center;"><b>Signature over Printed Name</b> Present Account Owner</p> <p>I hereby accept that thru the execution of this change of account ownership, I will be bound by the terms and conditions of the Water Service Contract .</p> <p style="text-align: center;"><b>Signature over Printed Name</b> New Account Owner</p>	<p><b>C. WITH NO PROOF OF OWNERSHIP</b></p> <p><input type="checkbox"/> Photocopy of any valid ID w/ picture of the applicant or his/her authorized representative with three specimen signatures.</p> <p><input type="checkbox"/> SPECIAL POWER OF ATTORNEY (SPA), in case of absence of the principal (Notarized)</p> <p><input type="checkbox"/> AFFIDAVIT OF UNDERTAKING (Notarized)</p> <p><input type="checkbox"/> FORECLOSED PROPERTY CERTIFICATION from Bank, SSS, GSIS, PAG-IBIG and others</p> <p><input type="checkbox"/> CERTIFICATION for LGU-Assisted Applicants</p> <p><input type="checkbox"/> Barangay Certification of Residency and Barangay Clearance (signed and sealed)</p> <p><input type="checkbox"/> CERTIFICATE of Birth, Death, Marriage to determine reason for transfer.</p> <p><b>GUARANTY DEPOSIT</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>No. of occupants</td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td>Cu m.</td> <td style="border-bottom: 1px solid black;">X <span style="margin-left: 50px;">6</span></td> </tr> <tr> <td>Estimated usage (in cu.m)</td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td>Equivalent Amount</td> <td style="border-bottom: 1px solid black;">P</td> </tr> <tr> <td>No. of months</td> <td style="border-bottom: 1px solid black;">X <span style="margin-left: 50px;">3</span></td> </tr> <tr> <td>Required Amount</td> <td style="border-bottom: 3px double black;">P</td> </tr> </table>	No. of occupants		Cu m.	X <span style="margin-left: 50px;">6</span>	Estimated usage (in cu.m)		Equivalent Amount	P	No. of months	X <span style="margin-left: 50px;">3</span>	Required Amount	P
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<b>REMARKS</b> (if any)

<b>PROCESSED BY</b>	<b>RECOMMENDING APPROVAL</b>	<b>APPROVED</b>
<b>MARIA JESUSA L. NIEVES</b> CUSTOMER SERVICE ASSISTANT D	<b>TEEJAY ALTAIR A. TORMES</b> UTILITIES/CUSTOMER SERVICE ASSISTANT B	<b>RICARDO B. FELIX III</b> DIVISION MANAGER A
<b>INSPECTED BY:</b>		
Date and Time: _____		