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|  | **CY2021 MEMBER REGISTRATION/UPDATE FORM** |

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| 1. ***MEMBER DETAILS***
 |
| 1.1 Name of Member |  |
| 1.2 Office Address |  |
| 1.3 Company Email Address |  |
| * 1. Office Telephone or Mobile Number
 |  |
| * 1. Sector
 | Choose a sector type... |
| 1. **AUTHORIZED REPRESENTATIVE**
 |
| 2.1 Name of Authorized Representative |  |
| 2.2 Rank /Position |  |
| 2.3 Official Email Address |  |
| * 1. Telephone or Mobile Number
 |  |
| * 1. Contact Person for the Authorized Rep. if any
 |  |
| *Email Address:**Telephone or Mobile No.* |  |
| 1. **OTHER INFORMATION**
 |
| **3.1 For GENCOS:**MW capacity indicated in the Certification of Compliance of each power plant registered in the WESM |  |
| **3.2 For Private DUs:** Total number of customers served as filed with the Energy Regulatory Commission (ERC) |  |

*Notes:*

1. *For No. 2.1, kindly attach either of the following documents:*
2. *A copy of a Board Resolution as certified by the Company’s Corporate Secretary as to the designated Authorized Representative; or in the alternative;*
3. *A Secretary’s Certificate naming and designating the Authorized Representative of the Company.*
4. *For No. 3.1, kindly fill in the correct information and submit a copy of the updated Certificate of Compliance.*
5. *For 3.2, kindly fill in the correct information and submit a copy the Latest Report submitted to the ERC.*

**By executing and submitting this Membership Form, the undersigned represent and warrant that (a) it is duly authorized to execute this Form; (b) all requisite authorizations, approvals or consents had been secured; (c) all documents submitted in support hereof are true and correct; (d) the PEMC member represented herein undertakes to abide with the Articles of Incorporation and By-laws of PEMC, including any and all amendments thereto; and (e) it has read the PEMC Data Privacy Statement hereto attached and agreed to the collection, use, disclosure, sharing, processing and recording of the personal information required herein.**

|  |  |  |
| --- | --- | --- |
| **Signature over Full Name of Authorized Representative:** |  | **Date Signed** |
|  |  |  |
|  |  |  |
|  |  | **DD-Mmm-YYYY** |
| **Name of Authorized Representative** ***Rank and Position*** |  |  |