|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE FILED** | Click or tap to enter a date. | | | | | | | | |
| **FILED WITH** | Enforcement and Compliance Office | | | | | PEM Board of Directors | | | |
| **FILED BY** | Name | Click or tap here to enter text. | | | | Position | Click or tap here to enter text. | | |
| **COMPANY/WESM MEMBER NAME** | | | | Click or tap here to enter text. | | | | | |
| **FACILITY NAME** | | | | Click or tap here to enter text. | | | | | |
| **ECO REPORT REFERENCE[[1]](#footnote-2):**  *Check the Report that is subject of Request for Reconsideration:* | | | | | | | | | |
| **CMAR No.** | Click or tap here to enter text. | | | **IR No.** | Click or tap here to enter text. | | | **Others** | Click or tap here to enter text. |
| **RELEVANT INFORMATION** | | | | | | | | | |
| **Receipt Date IR/CMAR** | | | Click or tap to enter a date. | | | | | | |
| **Billing Month/s Covered** | | | Click or tap here to enter text. | | | | | | |
| **Total number of Intervals Covered by the Request for Reconsideration** | | | Click or tap here to enter text. | | | | | | |
| **Ground/s for Reconsideration**  *(Add page, if necessary)* | | | Click or tap here to enter text. | | | | | | |

| **SUMMARY OF REQUEST**  *General Description of the Request for Reconsideration* |
| --- |
| Click or tap here to enter text. |

| **DETAILS OF THE REQUEST FOR RECONSIDERATION**  *Specific Intervals, Reason/s for Non-Compliance, Reference Documents, etc.* | |
| --- | --- |
| **Detailed List**  *Accomplish the Form as Annex A of this Request for Reconsideration* | ***Annex A*** *(Detailed Request for Reconsideration Form)* |
| **Reference Documents**  *Enumerate List of Reference/Supporting Documents/Information* |  |
| **Other Relevant Information** | Click or tap here to enter text. |

| **RECEIPT OF THE REQUEST FOR RECONSIDERATION**  ***To be accomplished by the ECO or the Office of the Corporate Secretary, as the case may be*** | | | | |
| --- | --- | --- | --- | --- |
| **Date Received** | Click or tap to enter a date. | | | |
| **Received By** | Name | Click or tap here to enter text. | Signature |  |
| **Recommended Action** | Proceed with the Proceeding | | Deny (Due to Non-Conformance to Sec. 4.12.1.2 or 4.12.2.2 of the Penalty Manual) | |
| **Other Remarks/Information** | Click or tap here to enter text. | | | |

**CERTIFICATION**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, of legal age, married/single and a resident of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ after having been duly sworn to in accordance with law, hereby depose and say that:

1. I am the WESM Compliance Officer*/(or name the position/designation [if not a WCO])* and the authorized representative of the *(name of the Company being represented)* in this enforcement proceeding.
2. I have caused the preparation of the Request for Reconsideration and I have read and understood its content and the same are true and correct of my own personal knowledge and/or based on true/authentic records;
3. I am executing this Certification under oath in compliance with Section 4.12.1.2 of the WESM Penalty Manual.

IN WITNESS WHEREOF I have hereunto affixed my signature in this document this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_, here at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Philippines.

**Name and Signature of the WCO/**

Authorized Representative

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The affiant exhibited to me his/her competent proof of identification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Doc. No.: \_\_\_\_\_\_

Page No.: \_\_\_\_\_\_

Book No.: \_\_\_\_\_\_

Series of 2022.

1. *CMAR: Compliance Monitoring and Assessment Report; IR: Investigation Report* [↑](#footnote-ref-2)