



WESM TRAINING ENROLMENT FORM

Please complete this training request form and send by e-mail, post or delivery to:

IEMOP Corporate Communications Division

9th Floor Robinsons Equitable Tower, ADB Avenue, Ortigas Center, Pasig City

Telephone: (+632) 5318-WESM (9376) loc. 213, 275 or 327

Email: kms@iemop.ph

A. COMPANY DETAILS

Company Name : _____

Short Name : _____

Business Address : _____

City/Province : _____ Zip Code : _____

Telephone No. : _____ Facsimile No. : _____

Subsidiary/ies (if applicable): _____

Registration Status : Registered Applicant Not Registered

WESM Membership : Direct Indirect Intending

Category (if WESM member) : Generator DU/EC/MSP Bulk-user Supplier CC

B. TRAINING DETAILS (Please refer to the published training calendar.)

Course Title : _____

Date of Training : _____

Venue of Training : IEMOP Ortigas Off-site:

C. LIST OF TRAINING PARTICIPANTS

No.	Name	Designation	Contact Number	E-mail Address
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				



WESM TRAINING ENROLMENT FORM

D. CONTACT PERSON

Contact Name : _____
Designation : _____
Telephone No. : _____ Mobile No. : _____
Contact E-mail Address : _____

E. BILLING INFORMATION

Company Name : _____
Billing Address : _____
Mailing Address : _____
_____ same as Billing Address
Contact Person : _____
Telephone No. : _____ Facsimile No. : _____
Company TIN : _____
Value Added Tax : Vatable Zero-rated

F. PAYMENT OPTION (Please choose one.)

Payment should be received at least 14 days prior to the scheduled date of training.

Check Payable to:
Independent Electricity Market Operator
of the Philippines Inc.
9th Floor Robinsons Equitable Tower ADB
Avenue, Ortigas Center, Pasig City

Direct Deposit:
Account: Independent Electricity Market
Operator of the Philippines Inc.
Bank: Bank of the Philippine Islands (BPI)
Current Account No.: 4021-0153-64

I have read, understood, and agreed to IEMOP's terms and conditions, as set forth in the WESM Training Description and Enrolment Guidelines.

Printed Name and
Signature of Authorized
Representative

Date