

Name of Distribution Utility: _____

ANNEX "A"
(For DUs Using Formula A)

Approved Rates:

RESIDENTIAL	Month 1		Month 2		Month 3	
	PhP/kWh	PhP/cust	PhP/kWh	PhP/cust	PhP/kWh	PhP/cust
Generation Charge						
Transmission Charge						
Distribution Charge						
Supply Charge						
Metering Charge						
Rate Reduction (due to LC)		5		5		5
TOTAL		5		5		5

$(TRate_1)$ $(TRate_2)$ $(TRate_3)$

Approved Lifeline Level	Discount	
0-5	(D_1)	50%
6-10	(D_2)	40%
11-15	(D_3)	30%
16-20	(D_4)	20%
21-25	(D_5)	10%

Approved Lifeline Subsidy Charge (LSC): _____

Calculation of Over/Under Recovery:

	Month 1		Month 2		Month 3		TOTAL	
	kWh Consumption (kWh_{NL1})	Total Subsidy $(kWh_{NL1} \times LSC)$	kWh Consumption (kWh_{NL2})	Total Subsidy $(kWh_{NL2} \times LSC)$	kWh Consumption (kWh_{NL3})	Total Subsidy $(kWh_{NL3} \times LSC)$	kWh Consumption $\Sigma(kWh_{NLi})$	Total Subsidy $\Sigma(kWh_{NLi} \times LSC)$
Non-Lifeline								

LIFELINE LEVEL/DISCOUNT

Lifeline Level (kWh)	Month 1			Month 2			Month 3			TOTAL		
	kWh Consumption (kWh_{L1})	No. of customers $(NCust_1)$	Total Discount $(Total Discount_1)$ (PhP)	kWh Consumption (kWh_{L2})	No. of customers $(NCust_2)$	Total Discount $(Total Discount_2)$ (PhP)	kWh Consumption (kWh_{L3})	No. of customers $(NCust_3)$	Total Discount $(Total Discount_3)$ (PhP)	kWh Consumption $\Sigma(kWh_{Li})$	No. of customers $\Sigma(NCust_i)$	Total Discount $\Sigma(Total Discount_i)$ (PhP)
0-5	kWh_{L1}	$NCust_{11}$	Total Discount 1*									
6-10												
11-15												
16-20												
21-25												
TOTAL												

*Total Discount $_1 = [(kWh_{L1} \times Trate_1) + (NCust_{11} \times PhP5/cust)] \times D_1$

TOTAL Over/Under Recovery (PhP)	(Total Subsidy - Total Discount)				
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TOTAL kWh (ΣkWh_{NLi}) : _____
 Amount of Refund/Collect in PhP/kWh $(Lifeline Rate Adj)$: _____

Submitted for Verification of ERC: _____
 General Manager/Authorized Officer
 DATE: _____

Submitted and Sworn to before me this ____ day of _____, affiant exhibiting to me his Residence Certificate No. _____ issued at _____ on _____.

 Notary Public