

INDEPENDENT ELECTRICITY MARKET OPERATOR OF THE PHILIPPINES, INC.
TRAINING ENROLMENT FORM



Accomplish the training enrollment form completely and upload it using the link provided below:
bit.ly/IEMOPTrainingEnrollment.

COMPANY DETAILS

COMPANY NAME	
COMPANY SHORT NAME	
WESM REGISTRATION	<input type="radio"/> REGISTERED <input type="radio"/> NOT REGISTERED

TRAINING DETAILS

You may refer to the published training calendar for details:
<https://www.iemop.ph/services/knowledge-center/>

COURSE	
DATE OF TRAINING	
VENUE OF TRAINING	
NUMBER OF TRAINING ENROLEE/S	

CONTACT PERSON

For clarifications on training enrolment.

CONTACT PERSON	
EMAIL ADDRESS	
CONTACT NUMBER/S	

BILLING INFORMATION

Please ensure that the information you provide below is accurate based on your company's BIR Form 2303. This information will be used for the preparation of your billing statement and is considered final.

COMPANY NAME	
BILLING ADDRESS	
MAILING ADDRESS	<input type="radio"/> SAME AS THE BILLING ADDRESS ABOVE.
COMPANY TIN	
VALUE ADDED TAX	<input type="radio"/> VATABLE <input type="radio"/> ZERO-RATED
BUSINESS STYLE (IF APPLICABLE)	
CONTACT PERSON	
CONTACT NUMBER/S	

By enrolling in the training, I acknowledge that I have carefully read, fully understood, and agreed to comply with the terms and conditions outlined in the [IEMOP Training Guidelines and Procedures](#).

Printed name and signature
of authorized representative

Date