**OFFICIAL USE ONLY**

Indicate the payment receipt number and the corresponding amount.

*Receipt No*. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Amount*: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FORM**

**PERSONAL INFORMATION**

**ELECTRIC POWER COMPANIES**

|  |  |
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| **New Information** | **Information Update** |

Instructions:

* When filling out this form, examine the provisions of Section 2.01 of Regulation No. 8701 and be sure to provide all the required information.
* Indicate N/A where the information is not applicable.
* Provide a Complementary Sheet for Affiliate and Subsidiary Entities (CEPR-B02) for each affiliated and subsidiary entity it possesses.
* Use Complementary Sheet (CEPR-Z01) if additional space is required.
* Include the required documents according to the Regulation No. 8701, enumerated in the Annexes section.
* Present a copy of the payment evidence when submitting this Form.

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| 1. **Electric Power Company General Information** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Company Name: |  | | | |
| 1. Organizational Form: | Corporation | | Limited Liability Company | |
| Society | | Other: |  |
| 1. Jurisdiction where it was organized: | |  | | |
| 1. Fiscal Year Start Date: |  | | | |
| 1. Fiscal Year End Date: |  | | | |

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| 1. **Information of Offices in Puerto Rico** |

|  |  |
| --- | --- |
| 1. Principal Office | |
| 1. Physical Address: |  |
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|  |  |
| 1. Postal Address: |  |
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|  |
|  |  |
| 1. Secondary Office | |
| 1. Physical Address: |  |
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|  |
|  |  |
| 1. Postal Address: |  |
|  |
|  |
|  |  |
| Secondary Office | |
| 1. Physical Address: |  |
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|  |  |
| 1. Postal Address: |  |
|  |
|  |
|  |  |
| Secondary Office | |
| 1. Physical Address: |  |
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| 1. Postal Address: |  |
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| 1. **Addresses for Receipt of Notifications** |

(Indicate the addresses where notifications of matters before the Commission are to be received.)

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Physical Address: | |  | |
|  | |
|  | |
|  | | |  |
| 1. Authorized person to receive notifications personally: | | |  |
| 1. Postal Address: |  | | |
|  | | |
|  | | |
| 1. E-mail: |  | | |

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| 1. **Information for Designated Contact before the Energy Commission** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Name: |  | | | 1. Position: |  | |
| 1. Physical Work Address: | |  | | | | |
|  | | | | |
|  | | | | |
|  | | | | | | |
| 1. Postal Work Address: | |  | | | | |
|  | | | | |
|  | | | | |
| 1. Office Phone: | |  | | 1. Mobile Phone: | |  |
| 1. E-mail: | | |  | | | |

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| 1. **Information of the Company’s Resident Agent** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Name: |  | | | |
| 1. Physical Address: | |  | | |
|  | | |
|  | |  | | |
| 1. Postal Address: | |  | | |
|  | | |
| 1. Office Phone: | |  | 1. Mobile Phone: |  |
| 1. E-mail: | |  | | |

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| 1. **Information of Members of the Board of Directors or Governing Body and Executive Principals** |

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| 1. Name: |  | | | Position: |  | |
| Physical Address: | |  | | | | |
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|  | |  | | | | |
| Postal Address: | |  | | | | |
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| Office Phone: | |  | | Mobile Phone: | |  |
| E-mail: | | |  | | | |
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| 1. Name: |  | | | Position: |  | |
| Physical Address: | |  | | | | |
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| Postal Address: | |  | | | | |
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| Office Phone: | |  | | Mobile Phone: | |  |
| E-mail: | | |  | | | |
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| 1. Name: |  | | | Position: |  | |
| Physical Address: | |  | | | | |
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| Postal Address: | |  | | | | |
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| Office Phone: | |  | | Mobile Phone: | |  |
| E-mail: | | |  | | | |
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| 1. Name: |  | | | Position: |  | |
| Physical Address: | |  | | | | |
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| Postal Address: | |  | | | | |
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| Office Phone: | |  | | Mobile Phone: | |  |
| E-mail: | | |  | | | |
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| 1. Name: |  | | | Position: |  | |
| Physical Address: | |  | | | | |
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| Postal Address: | |  | | | | |
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| Office Phone: | |  | | Mobile Phone: | |  |
| E-mail: | | |  | | | |
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| 1. **Information of Shareholders or Owners of the Company** |

(Indicate the required information if the participation percent is equal or greater than thirty-five percent (35%)).

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Name: |  | Position: |  |
| 1. Name: |  | Position: |  |
| 1. Name: |  | Position: |  |
| 1. Name: |  | Position: |  |
| 1. Name: |  | Position: |  |

Annexes: (Mark the documents included with the Personal Information Form)

Copy of the Company’s Incorporation and Register Certificate.

Copy of the Good Standing Certificate issued by the Puerto Rico State Department.

Copy of the Authorization Certificate to do business in Puerto Rico.

Complementary Sheet (CEPR-Z01).

Complementary Sheet for Affiliate or Subsidiary Entities Information (CEPR-B02).

Other:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I certify that the presented information on this form is correct and complete.**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | Name of Designated Contact |  | Position |  | Signature |  | Date | |