



Application for Registration Information Update/Correction/Cancellation

Fill in applicable spaces. Mark or separate boxes with an "X".

PART I - TAXPAYER INFORMATION

1 Taxpayer Identification Number (TIN) **466-430-073-000000** 2 RDO Code **063** 3 Contact Number (Land/Mobile No.) **0917 30 8170**

4 Registered Name (Individual, Corporation, Joint Name, Mailed Name, Suffix) of Who-Individual, Registered Name
Lyong, Alexandra Parido

PARTS - REASON/DETAILS OF REGISTRATION INFORMATION UPDATE/CORRECTION

5 Reason/Correction/Cancellation of FORMS

- A. Certificate of Registration (COR)
- B. Authority to Print (ATP) Receipts/Invoices
- C. Tax Clearance Certificate of Utilities (TCLU)
- D. Taxpayer Identification Number (TIN) Card
- E. Others (specify): _____

REASON/DETAILS

- Loss/Damaged
- Change of Accredited Provider as Requested by the taxpayer
- Correction/Change/Update of Registration Information
- Others (specify): _____

6 Other Updates

- Change of Business (provided in copy)
- Change of Civil Details (provided in form 6)
- Impose/Update/Remove of Account (provided in form 6)
- Avail of PS Income Tax Rate Center
- Other (specify): _____

7 Correction/Change/Update of Registration Information

A. UPDATE REGISTERED NAME/TRADE NAME

Change in Registered Name Change in Trade Name Additional Trade Name

Old _____
New _____

B. CHANGE IN REGISTERED ADDRESS

Transfer within same RDO Transfer to another RDO

From **063** To **063**

New Address

Use/Item/Place/Utility No. _____ Building Name/Over _____ Lot/Block/Phase/Street No. _____

Street Name _____ Subdiv/Block/Phase _____

City/Town _____ New Office _____

Municipality _____ Province _____ Zip Code _____

C. CHANGE IN ACCOUNTING PERIOD (Applicable to the Individual)

From Calendar to Fiscal Period

From One Fiscal Period to Another Fiscal Period

From Fiscal to Calendar Period

Accounting Start Month _____ Effectivity Date (month/year) _____

D. CHANGE/ADD REGISTERED ACTIVITY/LINE OF BUSINESS

New Registered Activity/Line of Business _____ Effectivity Date of Change (month/year) _____

E. CHANGE FACILITY TYPE/DETAILS (Structure/Materials/Features)

Facility Code	Facility Type (check applicable box)						Other (specify)
	FF	ST	WA	OS	BT	OT	
FF							
ST							
WA							
OS							
BT							
OT							

Facility Description: FF - Fixed Production Plant, ST - Storage Tank, WA - Warehouse, OS - Office, BT - Boat, OT - Other

CC - Change, BT - Use Service, WA - Use Product of Waste with Discharge