To be filled up	by BIR •	DLN:		
			ilipinas Pananalapi Rentas Ir	
For Individ	uolo Eorr	ina Dur	oly Compor	acation Inc

Application for Registration

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-/-	_	_	l ho	outy	2000 (1	-1400/	
CVI			ראו	1 7/	9	100	
New	TIN to	o be i	ssued,	if applicabl	e (To be	filled up b	y BIR)

nd Nor	viduals Earning Purel n-Resident Citizens / I applicable white spa	Resident	Alien Emplo	oyee	with an "X"		Nev	v TIN to be	issued,	if applicable	To be filled up l	y by E
	ver Type Loc	al Emplo		2		Registration	I (MM/ DE	D/YYYY)		3 RDO Code (To be filled up by		
TIN				Тахр	ayer / Emp	loyee Information		Male		6 Citizenship	0	
	payer w/ existing TIN					0.0.0		Female		- FILIP	(110	
Taxpay	rer's Name			14 11 PTAA A			CACET	- Λ		8 Date of Bir		2 /
	WARAIN Last Name		The second	JULEMA First Name	•		Middle Name	<u> </u>		► 1 0 1 (MM/	7 1 9 9	1,6
Local F	Residence Address		1100	1 0 1/41	. 101 . / 4	044			Section 1997	10 Telephone		7
-	No. (Include Building	Name)	. V(1	LLA KAL	UBIHA		AK JA arangay/Subdivis		JAS	•		_
	, to, (modes sensing	(Hamo)		CEBU	CITY		Zip Code		1000	12 Municipalit	ty Code	
	District/Mun	icipality		City/Provi			•	6,0,0	0			
Foreign	Residence Address											
Tax Typ	ne For	т Туре			19 30 30						ATC	
Inc	Contract to the Contract of	-	00 - (For Inc	dividual Earning			dent Alien E	mployee)			II 011	
Civil S					Personal E	AND DESCRIPTION OF THE PARTY OF	mployment S					
H	Single Legally separated			Vidow/Widower Married			E	nemployed mployed Lo	cally			
	with qualified de	pendent	child/ren [without qualifi	ied depende	ent child/ren	The second second second	mployed Al		/Practice of Pr	ofession	
Claim	s for Additional Exem	ntions/Pr	remium Ded	uctions for husb	and and wife	e whose aggrega	ate family in	ome does	not evec	ed P250 000 r	nor annum	
	Husband claims add	litional ex	cemption an	d any premium o	deduction		additional e	xemption a	nd any p	premium deduc	ction	
Spouse	Information Spouse Taxpayer Id	entification	on Number			(Attach Spouse Name	Waiver of H	lusband)				
18A				0,0,0,0	18B				ij			4
18C	Spouse Employer	e Taynay	er Identifica	ation Number	18D 5	Last Name Spouse Employe	r'e Name	First Nar	ne	Middle	Name	
-	Opodse Employer	з тахрау	er identinea	Idon Number] • [spouse Employe	a s Name					. ,
	Last Name		suppor	than 21 years of a rt due to mental of rst Name					Date of	f Birth	Mark if M	ically
		19B	В		19C			19D		19E		pacitate
		20B			20C	8		20D			20E	f
		21B		-	21C			21D			21E	7
		22B			22C			22D			22E	4
t IV	For Em	 	Vith Two or	More Employer	•	Employments)	Within the	•	ear			
	multiple employmen Successive employr	ts .										
6	Concurrent employr	nents (W	ith two or me	ore employers at	t the same t	ime within the ca	alendar year					
[If succ	essive, enter previou	s employ		current, enter sections and Concu			he Calendar	Year				
		ΓIN				Nar	me of Emplo	yer/s				
						*		*				_
			10.00			*						_
Declara	ation I declare, under the p dicorrect, pursuant to	penalties	of perjury, the	hat this form has	been made	in-good faith, v	erified by me	and to the	best of	my knowledge	and belief,	
true and	d correct, pursuant to	the prov	isions of the	National International	MA 6/	MARAIN	ded, and th	e regulatio	ns issue	d under author	ity thereof.	
			TAX	JULE PAYER (EMPLO) (Signature)	e over printed	HORIZED AGEN I name)	NT .					
Type of	Registered Office		☐ HEAD O		BRANCH	PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS						
	er Identification Num	ber						DO Code			47-0	
Employ	ver's Name (Last Nam	ne, First I	Name, Midd	le Name, if Indiv	idual/Regist	ered Name, if N		illed up by BIR				
Employ	er's Business .											
Addres	s	olity: C- 1		22 5#	, Dots		la	Data of	ortifi "	ion		
Zip Coo	(To be filled	•	9	33 Effectivity (Date when		Information is appli			ertificatio	n of the Accuracy	y of the	
Teleph	up by the BIF	1)		-	ı			Exemption	Informat	ion)		L

To be fi	Republika ng Pil Kagawaran ng Pil Kawanihan ng		ternas			tion for			` .	. •	BIR Form No. 902 July 2008 (ENC	<u>2</u>
and	Individuals Earning Pure Non-Resident Citizens /	Resident A	lien Employee	e	"		New	TIN to	be issue	d, if applic	able (To be fille	ed up by BIR)
1 Ta:		cal Employ		2	Date of	Registration dup by BIR)	(MM/ DD	/ YYYY)			O Code d up by BIR)	
Part I	N Taxpayerw/ existing TIN			Taxpay		0.0.00 5 S	Sex [Male		6 Citiz	enship	
	xpayer's Name						• [Fema	le	8 Date	LIPINO of Birth	
	WARAIN Last Name		• ,	JULEMA First Name			GACET Middle Name	Α	v		01,71,	9,9,6
9 Loc	cal Residence Address		11211.0			Dagar		11.60		10 Tele	phone No.	
	No. (Include Building	g Name)	VILLA	KALUB	IHAN		SAN Narangay/Subdivis		LAS			1
					CITY	11	Zip Code	6.0.	0.0		icipality Code	
13 For	District/Mur reign Residence Address	Control of the Contro		City/Province	9			v .0	0.01	•	I - Carry life of	
	-		,		A 4 7							
14 Tax		m Type Form 170	0 - (For Individ			ation Income/Resi	dent Alien Er	nployee)		ATC II 011	
18. Spo 18.4 180 Part III	· L. LL.	nptions/Preditional exe	n Number Identification In (refers to a more than	OOOO	d and w duction 18B 18D dditionagitimate le, unma	ife whose aggregated Wife claims (Attach Spouse Name Last Name Spouse Employed Exemptions or legally adopterried, and not gain	ate family inc additional ex a Waiver of H er's Name	emption usband	es not ex n and any) Name	ceed P250 y premium	deduction Middle Name	ver; not
	Last Name		First N	lame		Middle Name			Date (MM/D	of Birth	1	rk if Mentally Physically capacitated
19A		19B			19C			19D			198	
20A		20B			20C		¥ \(\frac{1}{2}\)	20D			200	
21A	-	21B		-	21C			21D			215	
22A Part IV	F F	22B	46 Tons Ma		22C	e Employments)	Mariable about	22D		1	225	
24 Dec	Successive employ Concurrent employes Successive, enter previous Claration I declare, under the and correct, pursuant to	ments (With	h two or more r(s); if concurr Previou	employers at the rent, enter second concurred to the conc	he same endary e ent Emp	time within the camployer(s)] loyments During t Nar	the Calendar	Year yer/s	the best of	of my know ued under	vledge and beli authority there	ief,
			TAXPAY	(Signature of	over printe	ed name)	NT					
Part V 25 Typ	e of Registered Office	L	HEAD OFFI	Employe ICE		H OFFICE						
	payer Identification Num	ber						OO Code				
28 Em	ployer's Name (Last Nar	ne, First N	ame, Middle N	Name, if Individu	ual/Regi	stered Name, if N	on-Individual)				
Marian Committee of the	ployer's Business dress											

33 Effectivity Date (Date when Exemption Information is applied)

34 Date of Certification

(Date of Certification of the Accuracy of the Exemption Information)

31 Municipality Code
(To be filled bup by the BIR)

30 Zip Code

32 Telephone Number