

REQUIREMENTS

NBI

Republic of the Philippines
Department of Justice
National Bureau of Investigation

17788332

This is to certify that the person whose name, picture, signature and thumbprint appearing below applied for NBI Clearance and the results is as follows:

NBI ID NO: C121CATE99-JM850669
VALID UNTIL: June 11, 2021
FAMILY NAME: ANGELA JANE
FIRST NAME: ANGELA JANE
CUBCUBAN
HUSBAND'S SURNAME
MIDDLE NAME:

ADDRESS: PASEO SATURNINO ST MARIA LUISA RD BANILAD CEBU CITY
PLACE OF BIRTH: CEBU CITY
DATE OF BIRTH: March 20, 1999
CIVIL STATUS: SINGLE
CITIZENSHIP: FILIPINO

PURPOSE: MULTI-PURPOSE CLEARANCE
REMARKS: NO RECORD ON FILE

GENDER: FEMALE

SIGNATURE

ERIC B. DISTOR
Officer-in-Charge

Date Printed: Thursday, June 11, 2020 03:23 PM

Agency	JM	DATID	wing
CASID	wing	BIOID	wing
O.R. No	MP5K7AMZ36	RECID	
O.R. Date	06/11/2020 3:24:02 PM	INTID	
DST PAID		PRTID	wing

PERSONAL COPY

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TIN (SUPPORTING DOCUMENTS)

(To be filled up by BIR) DLN

Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

**Application for
Registration Information
Update/Correction/Cancellation**

BIR Form No.
1905
January 2018 (ENC5)

Fill in applicable spaces. Mark all appropriate boxes with an 'X'

PART I - TAXPAYER INFORMATION

1 Taxpayer Identification Number (TIN) 2 RDO Code 3 Contact Number

3 2 3 - 6 6 3 - 4 5 1 - 0 5 0 0 9 2 2 2 8 6 7 9 8 7

4 Registered Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

PART II - REASON/DETAILS OF REGISTRATION INFORMATION UPDATE/CORRECTION

5 Replacement/Cancellation of FORMS

A. Certificate of Registration (COR)
 B. Authority to Print (ATP) Receipts/Invoices
 C. Tax Clearance Certificate of Liabilities (TCL1)
 D. Taxpayer Identification Number (TIN) Card
 E. Tax Clearance Certificate for Transfer of Property/ies (TCL2)/
 Certificate Authorizing Registration (CAR)
 F. Others (specify) _____

REASON/DETAILS

Lost/Damaged
 Change of Accredited Printer as Requested by the taxpayer
 Correction/Change/Update of Registration of Information
 Others (specify) _____

6 Other Updates

Closure of Business (proceed to Number 8)
 Change of Civil Status (proceed to Number 9)
 Update of Books of Accounts (proceed to Number 10)
 Avail of 8% Income Tax Rate Option
 Others (specify) _____

7 Correction/Change/Update of Registration Information

A. CHANGE IN REGISTERED NAME/TRADE NAME

Registered Name Trade/Business Name

New Registered Name/Trade/Business Name

Old: A n g e l a J a n e c u b c u b a n c u b c u b a n
 New: A n g e l a J a n e c u b c u b a n

B. CHANGE IN REGISTERED ADDRESS

Transfer within same RDO Transfer to another RDO

From (Old RDO) 0 5 0 To (New RDO) 0 5 1

Unit/Room/Floor/Building No. _____ Building Name/Tower _____

Lot/Block/Phase/House/Building No. _____ Street Name _____

Subdivision/Village/Zone _____ Barangay _____

Town/District _____ Municipality/City _____

Province _____ ZIP Code _____

C e b u C i t y 6 0 0 0

C. CHANGE IN ACCOUNTING PERIOD (Applicable to Non-Individual)

From Calendar Period to Fiscal
 From One Fiscal Period to Another Fiscal Period
 From Fiscal to Calendar Period

Accounting Start Month _____ Effectivity Date (MM/DD/YYYY) _____

D. CHANGE/ADD REGISTERED ACTIVITY/LINE BUSINESS

New Registered Activity/Line of Business _____ Effective Date of Change (MM/DD/YYYY) _____

E. CHANGE/ADD FACILITY TYPE/DETAILS (attach additional sheet, if necessary)

Additional/New Facility

Facility Code	Facility Type (check applicable facility type)	Facility Type*
PP	SP	WH
SR	GG	BT
RP	Others (specify)	

Address of Facility

Unit/Room/Floor/Building No. _____ Building Name/Tower _____

Lot/Block/Phase/House/Building No. _____ Street Name _____

Subdivision/Village/Zone _____ Barangay _____

Town/District _____ Municipality/City _____

Province _____ ZIP Code _____

F. CHANGE/ADD INCENTIVE DETAILS/REGISTRATION

Investment Promotion Agency _____ Number of Years _____

Legal Basis _____ Start Date (MM/DD/YYYY) _____

Incentives Granted _____ End Date (MM/DD/YYYY) _____

Registration/Accreditation No. _____ Registered Activity _____

From _____ To _____ Tax Regime _____

Effectivity Date (MM/DD/YYYY) _____ Activity Start Date (MM/DD/YYYY) _____

Date Issued (MM/DD/YYYY) _____ Activity End Date (MM/DD/YYYY) _____

G. CHANGE/ADD TAX TYPE DETAILS/SUSPEND TAX TYPE/RE-REGISTER TAX TYPE

Suspend/Cancelled Tax Type/s	Form Type _____	ATC _____	Effectivity Date of Change (MM/DD/YYYY) _____
<i>(to be filled-up by BIR)</i>			
Re-register/Added/New Tax Type/s	Form Type _____	ATC _____	Effectivity Date (MM/DD/YYYY) _____
<i>(to be filled-up by BIR)</i>			

H. CHANGE/UPDATE OF CONTACT TYPE

Phone Number Mobile Number Fax Number + 6 3 9 2 7 2 8 6 7 3 9 7

Email Address (required) secnongangelqz@gmail.com

I. CHANGE/UPDATE OF CONTACT PERSON/AUTHORIZED REPRESENTATIVE
(Last Name, First Name, Middle Name, Suffix)

Position _____ TIN _____

J. CHANGE/UPDATE OF NAME OF STOCKHOLDERS/MEMBERS/PARTNERS
(Last Name, First Name, Middle Name, Suffix, If Individual OR Registered Name, if Non Individual)

A	TIN
B	TIN
C	TIN

8 Closure of Business/Cancellation of Registration

A. CANCELLATION OF TIN

Death As a result of merger/consolidation

Multiple/Identical TIN Others (specify) _____

Failure to start/commence business (For Non-Individual) _____

Permanent closure of a branch Effective Date of Cancellation (MM/DD/YYYY) _____

Dissolution of corporation/partnership _____

B. DE-REGISTER/CESSATION OF REGISTRATION

Permanent closure of business (head office) of an individual Trade/Business Name _____

Others (please specify) _____ Effective Date of Cessation (MM/DD/YYYY) _____

9 Change of Civil Status From Single to Married From Married to Single

A. Old Name/Maiden Name (First Name, Middle Name, Last Name, Suffix) _____

B. New Name/Married Name (First Name, Middle Name, Last Name, Suffix) _____

C. Spouse Information

Employment Status of Spouse Unemployed Employed Locally Employed Abroad Engaged in Business/Practice of Profession

Spouse Name (Last Name) _____ (First Name) _____

(Middle Name) _____ (Suffix) _____ Spouse TIN 0 0 0 0 0

Spouse Employer's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) _____

Spouse Employer's TIN _____

