REQUIREMENTS

NBI



TIN (SUPPORTING DOCUMENTS)

Taxpayer Identification Number (TIN) 5		2 8 6 7 7 8 7
Registered Name (Last Name, First Name, Middle Name for Individual Oil PART II - REASON/DETAILS OF REGISTREPLACED IN THE PROOF OF THE	R Registered Name for Non-Individual) TRATION INFORMATION UPDATE/CORR REASON/DETAILS Lost/Damaged Change of Accredited Printer as Requested by the taxpayer Correction/Change/Update of Registration of information Others (specify)	Closure of Business (proceed to Number 9) Update of Books of Accounts (proceed to Number 9) Update of Books of Accounts (proceed to Number 10) Avail of 8% Income Tax Rate Option
PART II - REASON/DETAILS OF REGIS Replacement/Cancellation of FORM/S 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 Propertyles (TCL2)/ Certificate Authorizing Registration (CAR) F. Others (specify) Correction/Change/Update of Registration Information A. CHANGE IN REGISTERED NAME/TRADE NAME	R Registered Name for Non-Individual) TRATION INFORMATION UPDATE/CORR REASON/DETAILS Lost/Damaged Change of Accredited Printer as Requested by the taxpayer Correction/Change/Update of Registration of Information Others (specify)	Closure of Business (proceed to Aurober 9) Change of Civil Status (proceed to Aurober 9) Update of Books of Accounts (proceed to Number 10) Avail of 8% Income Tax Rate Option
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A. CHANGE IN REGISTERED NAME/TRADE NAME	Trade/Business Name	
	Trade/Business Name	
registered Name		
v Registered Name/Trade/Business Name		
	u b a n c u b c u t	0 0 0
	u b a n	
B. CHANGE IN REGISTERED ADDRESS		(Old RDO) (New RDO)
	to another RDO From	1050 TO 08/
Unit/Room/Floor/Building No.	Building Name/Tower	
Lot/Block/Phase/House/Building No.	Street Name	
Subdivision/Village/Zone	15 a + 4 r n i n 0 5	1 1 1 1 1 1 1 1 M 1 9 1 . 1
	Luisa Rd.	Barangay
Town/District	Mur	nicipality/City
Province	C e b u C i + Y	
	1 1 1 1 1 1 1 1 1 1 1 1 1	ZIP Code
C. CHANGE IN ACCOUNTING PERIOD (Applicable to Non-In	adividual) Accounting Start Mont	
	, toodarking start World	th Effectivity Date (MM/DDYYYY)
From Calendar Period to Fiscal		
From One Fiscal Period to Another Fiscal Per	riod	
From Fiscal to Calendar Period		
D. CHANGE/ADD REGISTERED ACTIVITY/LINE BUSIN	ESS	
New Registered Activity/Line of Business		Effective Date of Change
		(MM DDYYYY)
E. CHANGE/ADD FACILITY TYPE/DETAILS (attach addition Additional/New Facility	nal sheet, if necessary)	Facility Type
Facility Code Facility Type (check applicable facility type	PP - Place of Proc	Facility Type* duction BT - Bus Terminal
	SP - Storage Plac WH - Warehouse	e RP - Real Property for Lease with No
F ₁ 1 1 1	SR - Showroom	Sales Activity
Address of Facility	GG - Garage	
Unit/Roam/Floor/Building No.	Building Name/Towe	,
180000	1 1 1 1 1 1 1 1 1 1 1	
N/Block/Phase/House/Building No	Street Name	
Subdivision/Village/Zone		Barangay
Subdivision/vinage/Luie		
Town/District	Mu	inicipality/City
Province		ZIP Code

F. CHANG					BIR Form No. 1905 - page2
	GE/ADD INCENTIVE DE	TAILS/REGISTRATION	V		
Investm	ent Promotion Agency			Number of Years	
Legal Ba				Start Date (MM/DD/YYYY)	
				End Date (MM/DD/YYY)	
	es Granted				
Registra	tion/Accreditation No.			Registered Activity	
	From		To	Tax Regime Activity Start Date	
Effectivit	y Date			(MM/DD/YYYY)	
Date Iss	ued (MM/DD/YYY)			Activity End Date	
G. CHANG	GE/ADD TAX TYPE DE	TAILS/SUSPEND TAX	TYPE/RE-REGISTER	R TAX TYPE	
	Suspend/Cancelled		Form Type	ATC	Effectivity Date of Change
	Suspend/Cancelled	Tax Typers	(to be file	led-up by BIR)	(MM/DDYYYY)
				ATO	Figure Str. Date
	Re-register/Added/Ne	w Tax Type/s	Form Type	ATC led-up by B(R)	Effectivity Date (MM/DDYYYY)
			LEAL	141111	
/ H. CHAN	GE/UPDATE OF CONT	ACT TYPE			
Ph	none Number	Mobile Number	Fax Number	+6392	7 2 8 6 7 3 8 7
mail Address (requir	ed)				
6 6 0 0 0	9 9 9 1 9 2	2 8 @ 9 m a i	11.com		
	E/UPDATE OF CONTA		RIZED REPRESENTA	ATIVE	
(Last Nam	e, First Name, Middle Name, S	sum(x)	6 1 1 1 1 1	111111	1 1 1 1 1 1 1
	Position			TIN	V
J. CHANG	GE/UPDATE OF NAME	OF STOCKHOLDERS	S/MEMBERS/PARTN	ERS	
(Last Nat	me, First Name, Middle Name,	Suffix, If Individual OR Regi	stered Name, if Non Individ	ual)	
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1	11111	1 1 1 1 1 1			115111
3		1 1 1 1 1 1			
C	1 1 1 1 1 1				
	ess/Cancellation of Re	egistration			
Closure of Bucin					
	ELLATION OF TIN Death			As a result of mer	ger/consolidation
	ELLATION OF TIN			As a result of mer	ger/consolidation
	ELLATION OF TIN Death		n-Individual)		ger/consolidation
	Death Multiple/Identical TIN	ence business (For Nor	n-Individual)	Others (specify)	ger/consolidation Cancellation (MM/DD/YYYY)
	ELLATION OF TIN Death Multiple/Identical TIN Failure to start/comme	ence business (For Nor a branch	n-Individual)	Others (specify)	
A CANC	ELLATION OF TIN Death Multiple/Identical TIN Failure to start/comme Permanent closure of Dissolution of corpora	ence business (For Nor a branch tion/partnership	n-Individual)	Others (specify)	
A. CANC	Death Multiple/Identical TIN Failure to start/comme Permanent closure of Dissolution of corpora EGISTER/CESSATION	ence business (For Nor a branch tion/partnership OF REGISTRATION		Others (specify)	Cancellation (MMDD/YYYY)
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1 Other Update/Correction (pl	lease specify details)	Fo	r Taxpayer		For BIR U	se
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			11111	111	111	1111
ffective Date						
of Change						-
MM/DDYYYY)	Approved by:					1111
		REVENUE DISTR			D	ate
2 Declaration	perjury, that this application has been made in	(Signature over F		1 0	1000	ceiving Office
Angela Bane Cubo			contemplated under th	e		
Angela Dane Cubc TAXPAYER/AUTHORIZED (Signature ove	REPRESENTATIVE/TAX AGENT or Printed Name)	g of my information as c Title/Position	contemplated under th	е		
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