



Application Reference No.	
Status:	

NAME REGISTRATION FORM

Reserved Name of Business		
Type of Business	Individual <input type="checkbox"/> Firm/Partnership (Only PERSONS are partners in the business) <input type="checkbox"/> Firm/Partnership (PERSON(S)/INCORPORATED COMPANY(S) and an INCORPORATED COMPANY are partners in the business) <input type="checkbox"/>	
Nature of Business		
Principal place of Business		
Date of Commencement (dd/MM/yyyy)		
Other Business name(s) (if any) (Only names approved by Registrar)		
No. of Intended Employees	PLEASE CHECK ONLY ONE BOX 0 - 5 <input type="checkbox"/> 6 - 20 <input type="checkbox"/> 21 - 50 <input type="checkbox"/> 51 - 100 <input type="checkbox"/> 101 - 250 <input type="checkbox"/> OVER 250 <input type="checkbox"/>	

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Main Area of Business Activity :	PLEASE CHECK ONLY ONE BOX	
	00. Export Agriculture	<input type="checkbox"/>
	01. Domestic Agriculture	<input type="checkbox"/>
	02. Sugar Industry	<input type="checkbox"/>
	03. Petroleum Industries	<input type="checkbox"/>
	04. Food, drink and Tobacco	<input type="checkbox"/>
	05. Textiles, garments, footwear and headwear	<input type="checkbox"/>
	06. Printing, publishing and paper converters	<input type="checkbox"/>
	07. Wood and related products	<input type="checkbox"/>
	08. Chemicals and non-metallic minerals	<input type="checkbox"/>
	09. Assembly type and related industries	<input type="checkbox"/>
	10. Miscellaneous manufacturing	<input type="checkbox"/>
	11. Electricity and water	<input type="checkbox"/>
	12. Construction and quarrying	<input type="checkbox"/>
	13. Distribution services including restaurants	<input type="checkbox"/>
	14. Hotels and guest houses	<input type="checkbox"/>
	15. Transportation, storage and communication	<input type="checkbox"/>
	16. Finance, insurance, real estate and business services	<input type="checkbox"/>
	17. General government	<input type="checkbox"/>
	18. Education and cultural community services	<input type="checkbox"/>
	19. Personal services	<input type="checkbox"/>
20. Other	<input type="checkbox"/>	



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Owner Details for Individuals

Owner Details (Applicable only if Individual is Chosen for Type of Business)

The Present given name (or names) and surname of every individual		
Nationality		
Residential Address		
Other Business Occupation (if any) :		
Personal Identification Type and Number	Select At Least Two BIR No. <input type="checkbox"/> _____ Driver's Permit <input type="checkbox"/> _____ National Id <input type="checkbox"/> _____ Passport <input type="checkbox"/> _____	
Any former given name or surname of an individual :		

Owner Details For Partners As Individuals

Partners (Details of ALL PERSON(S) who are partners in the business) {Applicable only if Firm/Partnership} (Only persons are partners in the business) is chosen for Type of Business)

The Present given name (or names) and surname of every partner		
Nationality		
Residential Address		
Other Business Occupation (if any) :		



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Personal Identification Type and Number	Select At Least Two	
	BIR No. <input type="checkbox"/> _____	
	Driver's Permit <input type="checkbox"/> _____	
	National Id <input type="checkbox"/> _____	
Passport <input type="checkbox"/> _____		
Any former given name or surname of an individual :		

Owner Details For Partners As Companies

Partners (Details of ALL COMPANY(S) who are partners in the business) {Applicable only if Firm/Partnership} (PERSON(S)/INCORPORATED COMPANY(S) and an INCORPORATED COMPANY are partners in the business) is chosen for Type of Business)

Name of Company		
Company Registration Number		
Registered Office		
Jurisdiction of Incorporation		
Name of Director		
Name of Secretary		
Pin Number		