

PHILIPPINE BUSINESS REGISTRY SOLE PROPRIETORSHIP NEW APPLICATION FORM

A. REGISTRAT	TON CHECKLIST											
DTI Registration Type (Please select one.)			□New Business Name			☐ With Existing DTI Certificate Number Certificate Number: Date of Registration:						
Core Agencies Registration (Please check what employer numbers you want to g				SSS PhilHealth				□Pag-IBIG				
	BUSINESS NAM		13 you want to get	·· <i>)</i>								
Total Fees to			one. entary stamp tax)					P 200.00) 1,000.00)			lity (P 500.00)00.00)))
4. Business Location	□Barangay											
Location	□City/Municipality											
	Regional											_
5. Proposed Business Name												
C. BUSINESS I	DETAILS											
6. House/Build No. & Buildi Name 7. Street	-											
8. Barangay												
9. Town/City												
10. Province								11. R	egion	Т		
12. Phone No.												
(Please put ir	n area code)						, T					
13. Mobile No.				14.	14. Planned			Male:				
					Employees			Female:				
D. OWNER'S I	DETAILS											
15. First Name												
16. Middle Nam	e (indicate											
N/A if no mi 17. Last Name	ddle Name)								18. Suffi			
17. Last Name	17. Last Name								(e.g. Jr, Sr, I, II)			
19. Mother's Maiden Name (indicate N/A if mother is unknown)		First N	lame:	Mic	Middle Name:				Last Name:			
20. Personal). Personal				21. Position/			/	OWNER	₹		
	SSS No. 22. TIN (if no TIN, indicate					23.	Title Date of	Rirth				
N/A & answ					25. Date of Birt			Dirtii				
24. Civil Status ☐Single ☐Legally Separ 27. eMail Addre			25. Sex □Male □Female			26. Citizenship						
28. House/Build												
Building Nar	-											
29. Street30. Barangay												
31. Town/City												
32. Province								33. Reg	ion			
34. Phone No.								JJ. Neg	1011			
(Please put ir	n area code)											
35. Mobile No.												
E. PSIC	1. 141 -				A		-/P '		C '		D5 : "	
36. Business Activities (Please check all that applies)				☐Manufacturer/Producer ☐Wholesaler					□Service □Retailer □Exporter			
37. Main Business Activity (Select one among the business activities you chose above)				☐Manufacturer/Producer☐Wholesaler				er 🔲	□Service □Retailer			
38. Indicate Ma					vriolesa	ier		Ц	importer		□Exporte	ſ
				l								

F. TIN ISSUAN	CE (If with	out TIN)						
Contact Person/	Accredite	d Tax agent (if n	ot the owner)					
39. First Name								
40. Middle Name	!							
41. Last Name								
42. Suffix (e.g. Jr,	Sr, I, II)		4	43. Phone No.				
44. Personal Exemption	☐Single	/Widowed/Lega /Widowed/Lega ed, indicate if <u>hu</u>	lly Separated (\	With dependen	•	nption:		
45. Spouse								
First Name 46. Spouse Midd Name	e							
47. Spouse Last N	lame							
48. Spouse Emplo Status	48. Spouse Employment Status			49. Spouse TIN				
50. Spouse Employer's TI	N							
51. Spouse Employer's N	ame							
52. Additional Ex	•	`		T T			I	
First Nar	ne	Midd	La	st Nan	ne		Incapacitated	
				UNDERTAI	KING			
Per Department A	dministra	ative Order (DAC)) No. 10-01 as:	amended Ther	ehv de	clare that:		
shall be a ground 3. I shall voluntar she/he/it is a prio 4. I am fully awa regulations and of 5. It is my respon	sleading ifor the aprily cancel registrare of and ther relates sibility to	information suppopropriate criming or change the not and lawful used shall strictly could laws and rule ensure that my	olied, or productional, civil and or registered busing of an identical maply with the standard busing proposed busing the standard p	ction of materia administrative a iness name in t al or confusingly provision of A ness name is -	ally fals action he eve y simila ct No.	se or mislead against me; ent another p ar business na 3883, as am	ing document to su verson, firm or entit ame; vended, and its imp	pport the application by reports to DTI that dementing rules and
Station, Book b) not the same infringes control composed control composed control state of the state of the same control s	oobs Mass or nearly on any tra d purely o	sage & Spa);	existing registe mark and trade graphic words;	ered business, c ename (Anne Do (The Drugstore	ompai ok'sLe , Baco	ny, partnersh chon, Jolibee Ilod's)	ip, corporation, coc , Starbax Cafe);	op's Jueteng Betting
TahoFacto	ry, A-1 Au	uto Repair Shop)					lise, or service (Best
							vices, DTI Trading); onal organization (F	Philippine Manpower
		ESCO Marketing			cinocci	and ("COLD	Construction Sorvi	ces" where nature of
business is		-	ilisiepieselit ti	ie nature or bus	5111055,	, and (GOLD	Constituction Servi	ces where hature or
								
Applicant's Si	gnature C	Over Printed Nan	ne			Date		
	<u> </u>						T	
For DTI Use Only							Fee:	Rec'd by:
TRN/ PBN	Date	Registered	BN Certifi	icate No.		Office	OR Number:	Date Paid:

PhilHealth Employer No.

PAG-IBIG Employer No.

BIR Tax Identification No.

SSS Employer No.

GENERAL INSTRUCTIONS IN ACCOMPLISHING AND SUBMITTING APPLICATION AND REQUIREMENTS

- Accomplish the application form by typing/printing (upper case/capital letter); completely and clearly.
 All required fields/information are printed in *italics*. For online application form, these are marked with red asterisk (*).
- Do not abbreviate the information, in business name, business and owner's address and name of owner in the Certificate of Business Name Registration.
- Only the owner of the business is authorized to sign the application form.
- Present 1 valid ID together with the application form to the proper DTI Office, where the business is located.

A. Registration Checklist

- 1. <u>DTI Registration Type</u>. Tick the appropriate button for your business. If With Existing DTI Certificate Number, indicate the Date of Registration and previous Certificate Number.
- 2. <u>Core Agencies Registration</u>. Tick the appropriate button of the agencies where you want to register.

B. Proposed Business Name

- 3. <u>Business Scope</u>. Tick the appropriate button of the scope of your proposed business. Business scope refers to the business location and NOT on where the business shall operate.
- 4. Business Location. Indicate the specific location of your business based on your business scope.
- 5. <u>Proposed Business Name</u>. Business Name (BN) should be reflective of the nature of business and must have prefix, infix, and/or suffix (e.g. Alberto's Garment Manufacturing, Marita's Carinderia). Use of dominant or generic (e.g. Automotive Enterprise, you must add a prefix) business names are not allowed.

C. Business Details

- 6. <u>House/Building No.</u> Includes building name and floor number, Lot, Block and Phase numbers, and Subdivision name, among others.
- 7. <u>Street, 8. Barangay and 9. Town/City, 10. Province., and 11. Region.</u> Exact address of your business based on the business location.
- 12. <u>Phone Number</u>. 13. <u>Mobile Number</u>. Both landline and mobile numbers with area code are required by PBR participating agencies. Required information for online applications only.
- 14. No. of Employees. Indicate number of employees, male/female employees.

D. Owner's Details

- 15. <u>First Name</u>, 16. <u>Middle Name</u>, 17.<u>Last Name</u>, 18<u>Suffix</u> (if applicable). Indicate correct entries as these would appear in the Certificate of BN Registration.
- 19. Mother's Maiden Name. Only First and Last Names are required. Indicate N/A if mother is unknown.
- 22. Personal SSS. No. Individual's SSS number. This is different from the business SSS number.
- 21. <u>Position/Title</u>. Default to Owner. Otherwise, cross out Owner and indicate position/title in the business being registered.
- 22. <u>Tax Identification Number (TIN)</u>. A required information to be able to transact with any government office per E.O. 98. This shall be the basis of your Philippine Business Number (PBN).
- 23. Date of Birth. Owner must be of majority age (at least 18 years old)
- 24. *Civil Status*. Tick the appropriate button. 25. *Sex*. Tick the appropriate button.
- 26. <u>Citizenship</u>. Owner must be a Filipino Citizen. Proof of citizenship (photocopy) such as PRC ID, voter's ID, passport is required. For Naturalized Filipinos, submit photocopies of Naturalization Certificate and Oath of Allegiance or ID card (original to be presented for comparison) issued by the Bureau of Immigration and Deportation (BID). If Filipino citizenship is Acquired by Election, submit photocopy of Affidavit of Election or ID Card issued (original to be presented for comparison) by BID.
- 27. <u>E-mail Address</u>. This is where PBR e-mail notifications regarding your registration will be sent.
- 28. <u>House/Building No.</u> This information includebuilding name and floor number, Lot, Phase and Block numbers, and Subdivision, among others. This information will be printed in the Certificate of BN Registration.
- 29. <u>Street, 30. Barangay, 31.Town/City, 32.Province., and 33. Region.</u> These information will be printed in the Certificate of BN Registration.
- 34 & 35. Phone Numbers. Either landline or mobile numbers with area code is required.

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- 36. <u>Business Activities</u>. 37. <u>Main Business Activity</u>. Tick appropriate button.
- 38. <u>Product/Service</u>. Include applicable product/service as long as they are allied. Identify only one (1) main product/service.

F. TIN ISSUANCE

- <u>39. First Name</u>, 40. <u>Middle Name</u>, 41. <u>Last Name</u>, 42. <u>Suffix</u> (if applicable). Indicate name of representative if not owner is the contact person.
- 43. <u>Phone Number</u>. Indicate phone number of contact person.
- 44. Personal Exemption. Tick the appropriate button.
- <u>45. Spouse First Name</u>, 46. <u>Spouse Middle Name</u>, 47. <u>Spouse Last Name</u>. Indicate name your spouse if married.
- <u>48. Spouse Employment Status.</u> 49. <u>Spouse TIN.</u> 50. <u>Spouse Employment TIN.</u> 51. <u>Spouse Employer's Name.</u> Indicate if you are married.
- *52.* Additional Exemptions. Indicate if there is/are any.

PLEASE CHECK E-MAIL NOTIFICATIONS FOR INSTRUCTIONS ON OR STATUS OF YOUR REGISTRATION WITH THE VARIOUS AGENCIES.