

**BUSINESS NAME REGISTRATION
SOLE PROPRIETORSHIP APPLICATION FORM**

PLEASE READ THE GENERAL INSTRUCTIONS ON THE LAST PAGE BEFORE FILLING UP THIS APPLICATION FORM.

A. TYPE OF DTI REGISTRATION

1. ☐ NEW
☐ RENEWAL → Certificate No. _____ Date registered _____

B. TAX IDENTIFICATION NO. (TIN)

2. ☐ With TIN Owner's TIN: _____ ☐ Without TIN

C. OWNER'S INFORMATION

3. First Name _____ 4. Middle Name _____ 5. Last Name _____ 6. Suffix (e.g. Jr., Sr., I, II) _____
7. Date of Birth _____ 8. Civil Status _____ 9. Gender _____ 10. Are you are a
Year _____ Month _____ Day _____ ☐ Legally separated ☐ Male Refugee? ☐ Yes ☐ No
☐ Single ☐ Female Stateless person? ☐ Yes ☐ No
☐ Married ☐ Widowed 11. Citizenship _____
☐ Widowed

D. BUSINESS NAME TERRITORIAL SCOPE – Please choose ONLY ONE

12. ☐ Barangay (P200.00) ☐ City/Municipality (P500.00) ☐ Regional (P1,000.00) ☐ National (P2,000.00)

Payment of P30 Documentary Stamp Tax is required.

Surcharge for RENEWAL: Additional 50% of the registration fee if filed within 91 days to 180 days after expiration.

E. PROPOSED BUSINESS NAME – Please provide at least three (3) proposed Business Name options

13. _____

14. _____

15. _____

F. BUSINESS DETAILS

16. House/Building No. & Name: _____ 17. Street _____
18. Barangay _____ 19. City/Municipality _____ 20. Province _____
21. Region _____ 22. Phone no. (Area code) _____ 23. Mobile no. _____

G. PHILIPPINE STANDARD INDUSTRIAL CLASSIFICATION (PSIC)

24. Main Business Activity _____ 25. PSIC (Indicate Main Product Handled/Service
☐ Manufacturer/Producer ☐ Service ☐ Retailer Rendered)
☐ Wholesaler ☐ Importer ☐ Exporter

H. OWNER DETAILS

- ☐ Same as Business Details provided in box Nos. 16 to 23. Proceed to no. 34

26. House/Building No. & Name: _____ 27. Street _____ 28. Barangay _____
29. City/Municipality _____ 30. Province _____ 31. Region _____
32. Phone no. (Area code) _____ 33. Mobile no. _____ 34. Email Address _____

I. PARTNER AGENCIES

35. Core agencies registration (Please choose what ERNs you want to have.): ☐ PhilHealth ☐ SSS ☐ Pag-IBIG

J. OTHER DETAILS

36. Asset _____ 37. Capitalization _____ 38. Gross Sale/Receipt _____
39. Planned No. of Employees → Male: _____ Female: _____ TOTAL: _____

PERFECTED TO THE BUREAU

MA. CARLA YVETTE L. ILARDE
Head, Records Section
Department of Trade & Industry

For DTI Use Only			
Approved Business Name		Fee	Received by
Business Name No.	Date Registered	OR Number	Date Paid
Issuing Office	Processed by	Reference Code	
BIR Tax Identification No.	SSS Employer No.	PhilHealth Employer No.	PAG-IBIG Employer No.

PLEASE READ THE UNDERTAKING AND THE CONSENT CAREFULLY BEFORE SIGNING.

CHECK YOUR E-MAIL FOR INSTRUCTIONS/NOTIFICATIONS ON THE STATUS OF YOUR EMPLOYER REGISTRATION WITH THE SOCIAL AGENCIES (SSS, PHILHEALTH, PAG-IBIG) AND/OR YOUR TIN APPLICATION WITH BIR, IF APPLICABLE.

UNDERTAKING

Per **Department Administrative Order (DAO) No. _____** as amended, I hereby declare that:

1. All information supplied in this application are true and correct to the best of my belief and knowledge;
2. I undertake to immediately inform the Department of Trade and Industry (DTI) of any and all changes in my business and personal details and understands that failure to do so shall be a ground for the cancellation/revocation of my Business Name (BN) registration;
3. Any false or misleading information supplied, or production of false or misleading document to support this application shall be a ground for the automatic denial of this application, automatic cancellation/revocation of the BN registration, and/or filing of appropriate criminal, civil and/or administrative action against me;
4. I undertake to voluntarily cancel and change the business name immediately upon receipt of notice or order from the DTI or upon conclusive determination that a prior owner and lawful user of an identical or confusingly similar business name exists;
5. I understand that a post-evaluation may be conducted after the registration process and understands that any negative findings may be ground for the cancellation of my BN registration from the records of DTI upon failure to comply with the Post-evaluation recommendations, without prejudice to the filing of criminal, civil, and/or administrative action, as applicable;
6. I understand and undertake to comply with the provisions of Act No. 3883 otherwise known as the BN Law, as amended, and its implementing rules and regulations and other related laws and rules;
7. I understand and consent to the disclosure to the public of the information appearing on my Certificate of BN Registration in accordance with the procedure set forth under the applicable rules and regulations of the BN Law and other existing rules and regulations on disclosure of information;
8. I undertake full responsibility in ensuring that my proposed business name is -
 - a) not a term or word or group of words that connote activities or norms that are unlawful, immoral, scandalous or contrary to propriety (e.g. Boobs Massage & Spa);
 - b) not a name, words, terms or expressions used to designate or distinguish, or suggestive of quality, of any class of goods, articles, merchandise, products or services;
 - c) not those that are registered as trade names, trademarks, or business names by any government agency authorized to register names or trademarks;

FERTILIZA TONE BIRTHDAY

MA. CARLA YVETTE L. ILARDE
Head, Records Section