



**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. <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL → Certificate No. _____ Date registered _____					
B. TAX IDENTIFICATION NO. (TIN)					
2. <input type="checkbox"/> With TIN Owner's TIN: _____ <input type="checkbox"/> 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
Year	Month	Day	<input type="checkbox"/> Legally separated <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed		<input type="checkbox"/> Male <input type="checkbox"/> Female
10. Are you are a Refugee? <input type="checkbox"/> Yes <input type="checkbox"/> No					
11. Citizenship					
11. Stateless person? <input type="checkbox"/> Yes <input type="checkbox"/> No					
D. BUSINESS NAME TERRITORIAL SCOPE – Please choose ONLY ONE					
12. <input type="checkbox"/> Barangay (₱200.00) <input type="checkbox"/> City/Municipality (₱500.00) <input type="checkbox"/> Regional (₱1,000.00) <input type="checkbox"/> National (₱2,000.00)					
Payment of ₱30 Documentary Stamp Tax is required.					
<i>Surcharge for RENEWAL: Additional 50% of the registration fee if filed within 91 days to 180 days after expiration.</i>					
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 <input type="checkbox"/> Manufacturer/Producer <input type="checkbox"/> Service <input type="checkbox"/> Retailer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Importer <input type="checkbox"/> Exporter				25. PSIC (Indicate Main Product Handled/Service Rendered)	
H. OWNER DETAILS					
<input type="checkbox"/> 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.): <input type="checkbox"/> PhilHealth <input type="checkbox"/> SSS <input type="checkbox"/> Pag-IBIG					
J. OTHER DETAILS					
36. Asset		37. Capitalization		38. Gross Sale/Receipt	
39. Planned No. of Employees → Male:		Female:		TOTAL:	

PERMITTED TO BE REPRODUCED

MA. CARLA WETTE 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;

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MA. CARLA YVETTE L. ILARDE
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- d) not a name that is inimical to the security of the State;
 - e) not composed purely of generic word or words (e.g. The Drugstore, Health Care Clinic);
 - f) not a name which by law or regulation is restricted or cannot be appropriated (e.g. Red Cross, Red Crescent, ISIS);
 - g) not officially used by the government in its non-proprietary functions (e.g.: NBI Private Investigation Services, PNP Security Agency);
 - h) not a name or abbreviation of any nation, inter-governmental or international organization unless authorized by competent authority of that nation, inter-government and international organization;
 - i) not ordered or declared by administrative agencies/bodies or regular courts not to be registered;
 - j) not a name of other persons; and
 - k) not deceptive, misleading or misrepresent the nature of my business.
9. I fully understand and hereby agree without any reservation that my failure to comply with or observe any of the foregoing undertakings or any of pertinent rules and regulations shall be sufficient ground for the denial of my application or cancellation/revocation of my registration of business name.

CONSENT

By applying for a business name, I hereby agree and consent to the processing of my personal information, specifically business information for the purpose of Business Name registration. I understand that my personal information will be shared with other government agencies; the use of which shall be governed by the Data Privacy Act of 2012 and Act No. 3883. I promise to notify the DTI should there be any amendment in my personal information.

Owner's Signature Over Printed Name

Date

CERTIFIED TRUE COPY

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