



FORM	Code	FM-BN-02
	Rev.	2
	Date	01-Aug-25

## OTHER BUSINESS NAME (BN)-RELATED APPLICATION FORM

*See back hereof for the list of requirements and schedule of fees.*

<input type="checkbox"/> <b>BN CERTIFICATION</b> <i>Kindly state the purpose:</i>	<input type="checkbox"/> <b>AUTHENTICATION / CERTIFIED TRUE COPY (CTC) OF BN CERTIFICATE OF REGISTRATION</b> (No. of copies: _____ ) <i>Kindly state the purpose:</i>
<input type="checkbox"/> <b>BN LISTING</b> <i>Kindly state the purpose:</i>	<input type="checkbox"/> <b>CANCELLATION OF BUSINESS NAME REGISTRATION</b> Basis/Reason for cancellation:
<b>CHANGE OF BUSINESS/PERSONAL INFORMATION</b>	
<input type="checkbox"/> <b>CHANGE OF CIVIL STATUS</b> From: _____ To: _____  <b>OWNER'S NAME (By virtue of marriage or judicial decree)</b> From: _____ To: _____	<input type="checkbox"/> <b>BUSINESS ADDRESS</b> From: _____ To: _____  <input type="checkbox"/> <b>OWNER'S ADDRESS</b> From: _____ To: _____  <input type="checkbox"/> <b>CHANGE IN TERRITORIAL SCOPE</b> From: _____ To: _____
<input type="checkbox"/> <b>CONTACT DETAILS</b> Mobile/Telephone No.:	Email Address:
<b>BUSINESS NAME DETAILS</b>	
Registered Business Name:	Business Name No.:
Date registered:	Reference Code:
<b>BN CERTIFICATION/LISTING REQUESTOR'S DETAILS</b>	
Name:	
Residence/Business Address:	
Contact No.:	Email Address:

### CONSENT

I hereby agree and consent to the processing of my personal information for the purpose of Other Business Name (BN)-Related Application. 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. The requested information shall only be used for the stated purpose and that I will not misuse any information obtained from this Office. And I promise to notify the DTI should there be any amendment in my personal information.

\_\_\_\_\_  
Applicant's/Informant's Signature over Printed Name

\_\_\_\_\_  
Date

Applicant's/Informants ID Presented: \_\_\_\_\_

ID No.: \_\_\_\_\_

To be filled out if application will be filed by authorized representative.

#### AUTHORIZATION

I hereby authorize Mr./Ms. \_\_\_\_\_ to file my application for other BN-related transaction with the DTI.

Applicant's Signature : \_\_\_\_\_

Authorized Representative's ID Presented: \_\_\_\_\_

ID No. : \_\_\_\_\_

**OTHER BUSINESS NAME (BN)-RELATED APPLICATION FORM**

(Applications for: BN Certification; Authentication/Certified True Copy of Certificate of BN Registration; Change in Territorial Scope; Change of Business/Personal Information, BNR Cancellation)

**INSTRUCTIONS / GUIDELINES:**

- **OTHER BN-RELATED APPLICATION FORM** is to be used for applications for BN-related transactions or process/es other than "New" and "Renewal" BN Applications.
- Valid IDs to be presented must bear the printed full name, signature and photo and must be valid and active at the time of application.
- Upon submission of the accomplished Form, the BN Processor shall determine the applicable fee/s using the table below.
- Accomplished one (1) application form per transaction.
- To Applicant: *Place a ✓ in the box pertaining to the transaction/process being applied for, and accomplish the **Application Form**.*
- To BN Processor: *Application should be accepted/received only when the requirements are complete.*

**REQUIREMENTS:****For BN Certification / Authentication/Certified True Copy of BN Certificate of Registration / Change in Territorial Scope:**

1. Accomplished OTHER BN-RELATED APPLICATION FORM
2. Presentation of valid ID
3. Payment of prescribed fee

**For Change of Business Information:****If change in registered BN owner's name –**

Same as items 1 to 3 above.

4. Submission of a clear certified copy of the marriage certificate or appropriate judicial decree or presentation of the original marriage certificate/appropriate judicial decree and submission of a duplicate copy thereof.

**If change in registered BN owner's residence/business address and/or contact details –**

Same as items 1 to 3 above.

**For Cancellation of BN Registration:****If voluntary cancellation –**

Same as items 1 to 3 above.

4. Submission of a declaration under oath that the cancellation is not intended to defraud creditors and that registered BN owner has no outstanding and pending financial obligation in connection with his/her business or that he/she has notified all the creditors of such cancellation, as the case may be; or
5. Accomplished Sworn Statement, sworn in the presence of the DTI Regional or Provincial Director.

**In case of death of registered BN owner –**

Informant (registered BN owner's relative) shall accomplish and submit this Form together with a clear certified copy of the Certificate of Death of the registered BN owner and present his/her valid ID.

**For BN Listing**

Same as items 1 to 3 above.

**APPLICABLE FEE/S:**

Transaction/Process Applied For	DTI Fee	DST*	Total
<input type="checkbox"/> BN CERTIFICATION	₱ 50	₱ 30	
<input type="checkbox"/> AUTHENTICATION/CERTIFIED TRUE COPY (PER COPY)	₱ 50	₱ 30	
<input type="checkbox"/> CHANGE IN TERRITORIAL SCOPE <i>Applicable Fee based on the New Territorial Scope</i>	Barangay – PHP 200 City/Municipality – PHP 500 Regional – PHP 1,000 National – PHP 2,000	₱ 30	
<input type="checkbox"/> CANCELLATION OF BUSINESS NAME REGISTRATION		₱ 30	
<input type="checkbox"/> CHANGE OF BUSINESS INFORMATION <ul style="list-style-type: none"> <li>• ₱50 is charged for EACH change in business information.</li> <li>• If two or more changes in business name information are applied for simultaneously, only one DST is charged.</li> </ul>		₱ 30	
<input type="checkbox"/> BUSINESS ADDRESS	₱ 50	₱ 30	
<input type="checkbox"/> OWNER'S NAME	₱ 50		
<input type="checkbox"/> OWNER'S ADDRESS	₱ 50		
<input type="checkbox"/> CONTACT DETAILS	₱ 50		
<input type="checkbox"/> BN LISTING	First five (5) pages ₱ 20 Succeeding pages ₱ 3		

\* DST (Documentary Stamp Tax) – pursuant to BIR Revenue Memorandum Order 13-2008 - March 13, 2008.

**For DTI Use:**

Reference Code:		FEES PAID		
Date received:	Date processed :	Amount Paid: ₱	+ ₱30 DST	
Received by :	Processed by :	OR No.:	OR Date:	Issued by:
Start Time :	End Time :	Total Processing Time (Number of minutes) :	Remarks*	