CORPORATION

Date filed: _____

MS. OLIVIA M. LAUREL
Head, Business Permit and License Office
City Government of Santa Rosa

For BPLO use only	
data changed in BP - by/date:	
data updated in v4 - by/date:	
docs sub loaded in v4- by/date:	

This is to r***equest for change of business information*** as follows:

___ Original Copy of BP No._____ Acct No. ___ - _____ Buss Name _____

1 Taxpayer Name *From* _____
To _____
Corporation ◯ Board Resolution__ amended/new SEC corp name___ Orig BP ___
Affidavit of No Legal Liability ____

2 Taxpayer Address *From* _____
To _____
Corporation ◯ Board Resolution__ Amended SEC corporate address __
Lease Contract __ TCT/Tax Dec, if owned ___ orig BP __

3 Business Name *From* _____
To _____
Corporation ◯ Board Resolution __ SEC doing business under tradename__ orig BP __
Affidavit of No Legal Liability ____

4 Business Address *From* _____
To _____
Corporation ◯ Board Resolution __ Lease Contract __ TCT/Tax Dec, if owned__
Sketch __ Inspection __ update PIC __ Orig BP __
Brgy Clearance __ change PIN __ New PIN _____
Office of the Building Official Clearance ___

5 Form of Ownership *From* _____
To _____
Corporation ◯ Board Resolution assuming ownership/operation of singleprop/corp__
SEC registration __ orig BP __

6 Business Line - *Change/Additional* *From* _____
To _____
Corporation ◯ Board Resolution__ SEC registration__ Amended SEC __ orig BP __
◯ For Remittance Agent/Forex - Application Letter received by BSP __
◯ Service Agreement__ MOA__ Franchise __ Others _____

7 Nature of Business *Change/Additional* *From* _____
To _____
Corporation ◯ Board Resolution__ SEC registration__ Amended SEC __ orig BP __
◯ Service Agreement__ MOA__ Franchise __ Others _____

8 Capitalization *Additional Capital* *From* _____
To _____
Corporation ◯ SEC Cert. Increase of Capital Stock ____ Board Resolution ____
◯ Reassessment based on Inspection conducted
◯ Increase in number of vehicles, equipment, PC from #_____ to # _____
◯ Secretary Certificate (Authorization) and Photocopy of Secretary's ID
◯ DOLE Requirement
◯ Others _____

Respectfully yours,

_____
Taxpayer Signature over Printed Name / Date

Note: Only request/s with complete documentation will be processed.