

APPLICATION FOR BIR NUMBER

Please Type or Print

SECTION C

Please list below in block letters the full names and addresses of all Directors, Partners, or Members.

The form must be signed in the spaces provided. Any changes made must be reported to the Inland Revenue Division within 21 days

Full Name:	
Surname	
First Name	
Middle Name	
Home Address:	Telephone No.:
Employer Name:	Telephone No.:
Employer Address:	
BIR File Number:	E-mail Address:
Signature:	Date: Day Month Year

Full Name:	
Surname	
First Name	
Middle Name	
Home Address:	Telephone No.:
Employer Name:	Telephone No.:
Employer Address:	
BIR File Number:	E-mail Address:
Signature:	Date: Day Month Year

BOARD OF INLAND REVENUE
APPLICATION FOR BIR NUMBER

Please Type or Print

SECTION C—*CONTINUED*

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	Full Name: <i>Surname</i>												
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	Home Address:												
	Employer Name:												
	Employer Address:												
	BIR File Number:						E-mail Address:						
	Signature:						Date:	<i>Day</i>	<i>Month</i>	<i>Year</i>			

	Full Name: <i>Surname</i>												
	<i>First Name</i>												
	<i>Middle Name</i>												
	Home Address:												
	Employer Name:												
	Employer Address:												
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	Signature:						Date:	<i>Day</i>	<i>Month</i>	<i>Year</i>			