

**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**

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

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	Full Name: Surname												
	First Name												
	Middle Name												
	Home Address:												
	Employer Name:												
	Employer Address:												
	BIR File Number:						E-mail Address:						
	Signature:						Date:	Day	Month	Year			

	Full Name: Surname												
	First Name												
	Middle Name												
	Home Address:												
	Employer Name:												
	Employer Address:												
	BIR File Number:						E-mail Address:						
	Signature:						Date:	Day	Month	Year			