

BOARD OF INLAND REVENUE
APPLICATION FOR BIR NUMBER

Form AOI.- 002

Please Type or Print

SECTION B-FOR APPLICANTS OTHER THAN INDIVIDUALS

21. Legal Name:	
22. Trade Name, if different from above:	
23. Check the Organizational type that your Business falls under:	
<input type="checkbox"/> Local Company	<input type="checkbox"/> External Company <input type="checkbox"/> Government
<input type="checkbox"/> Partnership <input type="checkbox"/> Trust/Estate	
24. Main Business Activity:	
25. Address of Principal Place of Business:	
26. Mailing Address, if different from above:	
27. Address of Registered Office:	
28. Business Contacts: <i>(Telephone)</i>	<i>(Fax Number)</i>
29. Business Website:	30. Business E-mail Address:
31. Registered Date of Business:	Registrar General's Registration No.:
<div style="display: flex; justify-content: space-around;"> <i>dd</i> <i>mm</i> <i>yyyy</i> </div> <div style="display: flex; justify-content: space-around;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div>	
32. Name and Title of Authorised Officer:	
33. Name and Address of Agent responsible for Registration/Tax Matters <i>(External Company)</i> :	Telephone No.:
34. Reason for Applying:	
<input type="checkbox"/> Started a New Business	<input type="checkbox"/> Purchased an Existing Business
35. Date Business was Acquired/Started:	
<div style="display: flex; justify-content: space-around;"> <i>dd</i> <i>mm</i> <i>yyyy</i> </div> <div style="display: flex; justify-content: space-around;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div>	
36. Number of Persons Employed or to be employed:	

BOARD OF INLAND REVENUE
APPLICATION FOR BIR NUMBER

Please Type or Print

SECTION B—FOR APPLICANTS OTHER THAN INDIVIDUALS—Continued

37. State the Accounting Period of your Business:	
From: <small>dd</small> <input type="text"/> <input type="text"/> <small>mm</small> <input type="text"/> <input type="text"/> <small>yyyy</small> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	To: <small>dd</small> <input type="text"/> <input type="text"/> <small>mm</small> <input type="text"/> <input type="text"/> <small>yyyy</small> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
38. Holding Company's Name:	
39. Holding Company's Address:	
40. Are You an Exporter?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
41. Do you make—Zero Rated Supplies?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
42. State Value of Commercial Supplies in the 12 months preceding this application:	
43. Do you expect your Commercial Supplies for the next 12 months to exceed \$200,000?:	
44. Is your Business or Organization a Petroleum Company?: <input type="checkbox"/> Yes <input type="checkbox"/> No	45. If "Yes" is the Petroleum Company— <input type="checkbox"/> Producing <input type="checkbox"/> Refining <input type="checkbox"/> Both
46. If the answer to question 44 above is "Yes", in which of these activities does your Company engage?: <input type="checkbox"/> Exploration and Production (EaP) <input type="checkbox"/> Production Sharing Contract (PSC)	
47. Signature of Authorized Officer:	
48. Title of Authorized Officer:	49. Date: <small>dd</small> <input type="text"/> <input type="text"/> <small>mm</small> <input type="text"/> <input type="text"/> <small>yyyy</small> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

BIR File No.

Do not write in the spaces below

Account Number	Tax Type

VAT

Date Received/...../..... **Effective Date of Reg.**/...../..... **Reg. No.**

dd mm yyyy dd mm yyyy yyyy

Trade Classification Office Code Checked by

Stat No. / / /

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.

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:												
	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			