

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; width: 100%;"> <span><i>dd</i></span> <span><i>mm</i></span> <span><i>yyyy</i></span> </div> <div style="display: flex; justify-content: space-around; width: 100%;"> <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"/> <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; width: 100%;"> <span><i>dd</i></span> <span><i>mm</i></span> <span><i>yyyy</i></span> </div> <div style="display: flex; justify-content: space-around; width: 100%;"> <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"/> <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:	



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*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					

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**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			