BOARD OF INLAND REVENUE Form AOI. - 002 APPLICATION FOR BIR NUMBER

Please Type or Print

SECTION B-FOR APPLICANTS OTHER THAN INDIVIDUALS

21.	Legal Name:
22	Trade Name, if different from above:
22.	
23.	Check the Organizational type that your Business falls under:
	Local Company External Company Partnership
	☐ Government ☐ 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: (Telephone) (Fax Number)
29.	Business Website: 30. Business E-mail Address:
31.	Registered Date of Business: <u>dd mm</u> <u>yyyy</u> Registrar General's Registration No.:
-	News and Title of Authorized Officer
32.	Name and Title of Authorised Officer:
33.	Name and Address of Agent responsible for Registration/Tax Matters (External Company): Telephone No.:
<u> </u>	
34.	Reason for Applying:
	☐ Started a New Business ☐ Purchased an Existing Business
35.	Date Business was Acquired/Started: dd mm yyyy
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36.	Number of Persons Employed or to be employed:

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SECTION	$B-F\cap P$	A D D T . T C A N T C	\bigcirc THFP	тиаит	INDIVIDUALS-	-Continued

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37.	State the Accounting Period of your Business:
	From: dd mm yyyy To: dd mm yyyy
38.	Holding Company's Name:
39.	Holding Company's Address:
40.	Are You an Exporter?:
41.	Do you make—Zero Rated Supplies?: ☐ Yes ☐ 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 \$500,000?:
44.	Is your Business or Organization a Petroleum Company?: 45. If "Yes" is the Petroleum Company—
	☐ Yes ☐ No ☐ Producing ☐ Refining ☐ Both
46.	If the answer to question 44 above is "Yes", in which of these activities does your Company engage?: Exploration and Production (EaP) Production Sharing Contract (PSC)
47.	Signature of Authorized Officer:
48.	Title of Authorized Officer: 49. Date: dd mm yyyy
BIR	File No. Do not write in the spaces below
	Account Number Tax Type
Data	VAT
Date	Received/
	Classification
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BOARD OF INLAND REVENUE

APPLICATION FOR BIR NUMBER

Please Type or Print

Full Name:

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

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BOARD OF INLAND REVENUE

APPLICATION FOR BIR NUMBER

Please Type or Print

Full Name: Surname

SECTION C—CONTINUED

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

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