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.

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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