



Republic of the Philippines
Province of Cavite
City of Imus

BUSINESS INFORMATION UPDATING FORM

Business Plate No:

INSTRUCTIONS:								
1. Provide accurate information and print legibly to avoid delays. Incomplete application form will be returned to the applicant.								
2. Ensure that all documents attached to this form (if any) are complete and properly filled-out.								
TYPE OF BUSINESS:		<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation					
		<input type="checkbox"/> Partnership	<input type="checkbox"/> Cooperative					
Date of Application:			DTI/SEC/CDA Registration No.:					
Reference No.:			DTI/SEC/CDA Date of Registration:					
NAME OF TAXPAYER:		Last Name	First Name	Middle Name				
GENDER:		<input type="checkbox"/> Male	<input type="checkbox"/> Female					
BUSINESS NAME:		<input type="checkbox"/> Main	<input type="checkbox"/> Branch	TRADE NAME/FRANCHISE NAME:				
OWNER'S ADDRESS:								
House No./Bldg. No.	Building Name	Unit No.	Subdivision	Street/Barangay	City	Province	Mobile/Tel. No. Email Address:	
BUSINESS ADDRESS:								
House No./Bldg. No.	Building Name	Unit No.	Subdivision	Street/Barangay	City	Province	Mobile/Tel. No. Email Address:	
Nature of Business		Line of Business		Specific Line of Business		Gross Sales:		
TIN NO.:		Total No. of Employees in Establishment:			No. of Male:		No. of Female:	
Business Area (in sq. m.):		No. of Employees Residing in Imus:						
IF PLACE OF BUSINESS IS RENTED, PLEASE IDENTIFY THE FOLLOWING:								
LESSOR'S NAME:		Last Name	First Name	Middle Name	Monthly Rental:			
		Rental Start:		Present Date:				
LESSOR'S	House No./Bldg.No/Street:	Barangay		Municipality/City/Province:	Contact No.:			
ADDRESS:								
BUILDING NAME:								
<p>I DECLARE UNDER PENALTY OF PERJURY that the foregoing information are true based on my personal knowledge and authentic records. Further, I agree to comply with the regulatory requirement and other deficiencies within 30 days from the release of the business permit.</p>								
SIGNATURE OF TAXPAYER/ AUTHORIZED PERSONNEL OVER PRINTED NAME				POSITION/TITLE				