



PHILIPPINE BUSINESS REGISTRY SOLE PROPRIETORSHIP NEW APPLICATION FORM

A. REGISTRATION CHECKLIST					
1. DTI Registration Type (Please select one.)	<input type="checkbox"/> New Business Name <input type="checkbox"/> With Existing DTI Certificate Number <div style="text-align: right; margin-top: 5px;">Certificate Number: Date of Registration:</div>				
2. Core Agencies Registration (Please check what employer numbers you want to get.)	<input type="checkbox"/> SSS <input type="checkbox"/> PhilHealth <input type="checkbox"/> Pag-IBIG				
B. PROPOSED BUSINESS NAME					
3. Business Name Scope (Please check one. Total Fees to include ₱15.00 documentary stamp tax)			<input type="checkbox"/> Barangay (₱200.00) <input type="checkbox"/> City/Municipality (₱500.00) <input type="checkbox"/> Regional (₱1,000.00) <input type="checkbox"/> National (₱2,000.00)		
4. Business Location	<input type="checkbox"/> Barangay <hr/> <input type="checkbox"/> City/Municipality <hr/> <input type="checkbox"/> Regional <hr/>				
5. Proposed Business Name	<hr/>				
C. BUSINESS DETAILS					
6. House/Building No. & Building Name	<hr/>				
7. Street	<hr/>				
8. Barangay	<hr/>				
9. Town/City	<hr/>				
10. Province	<hr/>	11. Region	<hr/>		
12. Phone No. (Please put in area code)	<hr/>				
13. Mobile No.	<hr/>	14. Planned No. of Employees	Male: <hr/> Female: <hr/>		
D. OWNER'S DETAILS					
15. First Name	<hr/>				
16. Middle Name (specify N/A if no middle Name)	<hr/>				
17. Last Name	<hr/>			18. Suffix (e.g. Jr, Sr, I, II)	<hr/>
19. Mother's Maiden Name (specify N/A if mother is unknown)	First Name: <hr/>	Middle Name: <hr/>		Last Name: <hr/>	
20. Personal SSS No.	<hr/>		21. Position/ Title	OWNER	
22. TIN (if no TIN, indicate N/A & answer section F)	<hr/>		23. Date of Birth	<hr/>	
24. Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed	25. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		26. Citizenship <hr/>		
27. eMail Address	<hr/>				
28. House/Building No. & Building Name	<hr/>				
29. Street	<hr/>				

30. Barangay			
31. Town/City			
32. Province		33. Region	
34. Phone No. (Please put in area code)			
35. Mobile No.			
E. PSIC			
36. Business Activities (Please check all that applies)		<input type="checkbox"/> Manufacturer/Producer	<input type="checkbox"/> Service
		<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Importer
		<input type="checkbox"/> Retailer	<input type="checkbox"/> Exporter
37. Main Business Activity (Select one among the business activities you chose above)		<input type="checkbox"/> Manufacturer/Producer	<input type="checkbox"/> Service
		<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Importer
		<input type="checkbox"/> Retailer	<input type="checkbox"/> Exporter
38. Indicate Main Product Handled/ Service Rendered			
F. TIN ISSUANCE (If without TIN)			
Contact Person/Accredited Tax agent (if not the owner)			
39. First Name			
40. Middle Name			
41. Last Name			
42. Suffix (e.g. Jr, Sr, I, II)		43. Phone No.	
44. Personal Exemption		<input type="checkbox"/> Single/Widowed/Legally Separated (No dependent) <input type="checkbox"/> Single/Widowed/Legally Separated (With dependent) <input type="checkbox"/> Married, indicate if husband or wife claims additional exemption: _____	
45. Spouse First Name			
46. Spouse Middle Name			
47. Spouse Last Name			
48. Spouse Employment Status		49. Spouse TIN	
50. Spouse Employer's TIN			
51. Spouse Employer's Name			
52. Additional Exemptions (List down number of dependents)			
First Name	Middle Name	Last Name	Incapacitated

OWNER'S Signature over Printed Name

Date

For DTI Use Only				Fee:	Rec'd by:
TRN/ PBN	Date Registered	BN Certificate No.	Office	OR Number:	Date Paid:
BIR Tax Identification No.	SSS Employer No.	PhilHealth Employer No.	PAG-IBIG Employer No.		

GENERAL INSTRUCTIONS IN ACCOMPLISHING AND SUBMITTING APPLICATION AND REQUIREMENTS

- Accomplish the application form by typing/printing (upper case/capital letter); completely and clearly. All required fields/information are printed in *italics*. For online application form, these are marked with red asterisk (*).
- Do not abbreviate the information, in business name, business and owner's address and name of owner in the Certificate of Business Name Registration.
- Only the owner of the business is authorized to sign the application form.
- Present 1 valid ID together with the application form to the proper DTI Office, where the business is located.

A. Registration Checklist

1. *DTI Registration Type*. Tick the appropriate button for your business. If With Existing DTI Certificate Number, indicate the Date of Registration and previous Certificate Number.
2. *Core Agencies Registration*. Tick the appropriate button of the agencies where you want to register.

B. Proposed Business Name

3. *Business Scope*. Tick the appropriate button of the scope of your proposed business. Business scope refers to the business location and NOT on where the business shall operate.
4. *Business Location*. Indicate the specific location of your business based on your business scope.
5. *Proposed Business Name*. Business Name (BN) should be reflective of the nature of business and must have prefix, infix, and/or suffix (e.g. Alberto's Garment Manufacturing, Marita's Carindaria). Use of dominant or generic (e.g. Automotive Enterprise, you must add a prefix) business names are not allowed.

C. Business Details

6. *House/Building No.* Includes building name and floor number, Lot, Block and Phase numbers, and Subdivision name, among others.
7. *Street, 8. Baranqay and 9. Town/City, 10. Province., and 11. Region.* Exact address of your business based on the business location.
12. *Phone Number*. 13. *Mobile Number*. Both landline and mobile numbers with area code are required by PBR participating agencies. Required information for online applications only.
14. *No. of Employees*. Indicate number of employees, male/female employees.

D. Owner's Details

15. *First Name*, 16. *Middle Name*, 17. *Last Name*, 18 *Suffix* (if applicable). Indicate correct entries as these would appear in the Certificate of BN Registration.
19. *Mother's Maiden Name*. Only *First* and *Last Names* are required. Indicate N/A if mother is unknown.
22. Personal SSS. No. Individual's SSS number. This is different from the business SSS number.
21. *Position/Title*. Default to Owner. Otherwise, cross out Owner and indicate position/title in the business being registered.
22. *Tax Identification Number (TIN)*. A required information to be able to transact with any government office per E.O. 98. This shall be the basis of your Philippine Business Number (PBN).
23. *Date of Birth*. Owner must be of majority age (at least 18 years old)
24. *Civil Status*. Tick the appropriate button. 25. *Sex*. Tick the appropriate button.

26. Citizenship. Owner must be a Filipino Citizen. Proof of citizenship (photocopy) such as PRC ID, voter's ID, passport is required. For Naturalized Filipinos, submit photocopies of Naturalization Certificate and Oath of Allegiance or ID card (original to be presented for comparison) issued by the Bureau of Immigration and Deportation (BID). If Filipino citizenship is Acquired by Election, submit photocopy of Affidavit of Election or ID Card issued (original to be presented for comparison) by BID.
27. E-mail Address. This is where PBR e-mail notifications regarding your registration will be sent.
28. House/Building No. This information include building name and floor number, Lot, Phase and Block numbers, and Subdivision, among others. This information will be printed in the Certificate of BN Registration.
29. Street, 30. Barangay, 31. Town/City, 32. Province., and 33. Region. These information will be printed in the Certificate of BN Registration.
- 34 & 35. Phone Numbers. Either landline or mobile numbers with area code is required.

E. PSIC

36. Business Activities. 37. Main Business Activity. Tick appropriate button.
38. Product/Service. Include applicable product/service as long as they are allied. Identify only one (1) main product/service.

F. TIN ISSUANCE

39. First Name, 40. Middle Name, 41. Last Name, 42. Suffix (if applicable). Indicate name of representative if not owner is the contact person.
43. Phone Number. Indicate phone number of contact person.
44. Personal Exemption. Tick the appropriate button.
45. Spouse First Name, 46. Spouse Middle Name, 47. Spouse Last Name. Indicate name your spouse if married.
48. Spouse Employment Status. 49. Spouse TIN. 50. Spouse Employment TIN. 51. Spouse Employer's Name. Indicate if you are married.
52. Additional Exemptions. Indicate if there is/are any.

PLEASE CHECK E-MAIL NOTIFICATIONS FOR INSTRUCTIONS ON OR STATUS OF YOUR REGISTRATION WITH THE VARIOUS AGENCIES.