

BNRS USER'S PROFILE FORM

Instruction: Each BNRS User needs to accomplish this form in order to gain access to the BNRS Next Gen.

| | |
|---|---|
| User Details: | |
| First Name: | JANINE |
| Middle Name (Not Initial): | TUBO |
| Last Name: | FEROLIND |
| Suffix (if any): | |
| Email Address*: | LIBJD.LGU @ negosyocenter.gov.ph |
| DTI Office or Negosyo Center: | NEGOSYO CENTER LIBJD |
| Region: | CARAGA |
| User Functions: | |
| BN Teller <input type="radio"/> Yes <input checked="" type="radio"/> No | Special Collecting Officer/Cashier <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Additional Access: BNRS Facility for Certification Request from Other Government Agencies*: <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Bond Effectivity Date: | |
| Bond Expiration: | |
| BNRS Collection Report Generator: | |
| <input checked="" type="radio"/> View Province/Office <input type="radio"/> View Region | |

* Use DTI or Negosyo Center Office 365 email address only.

* This is an optional access in which BN Teller can issue Certification on the Certificate of Business Name Registration free of charge to other government agencies, as requested.

By affixing our signature, we understand and undertake to comply with the following provisions:

1. For traceability and accountability, all BNRS Account Holders shall use their BNRS accounts in processing Business Name transactions at all times. Number of BN registrations processed using the public access shall not be tagged as accomplishments of the BN Processors.
2. Only the authorized BN Processor/Special Collecting Officer shall use the provided User Account log-in credentials. Sharing of log-in credentials to other BN Processors and non-BN Processors are strictly prohibited.
3. To avoid erroneous transactions, all BNRS Account Holders are encouraged to process one (1) transaction at a time and shall refrain from using multiple tabs and browsers in processing BN applications.
4. In compliance with the Data Privacy Act, all BNRS Account Holders shall keep all personal and classified BN-related information confidential at all times.
5. The Regional or Provincial Directors shall authorize/designate permanent employee only who will be given access to free affirmative and negative certification. This access is provided to cater for the BN certification requests of other government agencies free of charge.
6. The Regional or Provincial Directors shall advise the BNRD in cases of reassignment, resignation, retirement or demise of the BNRS Account Holder or any other cases as deemed necessary, in writing, for immediate deactivation of User Account.
7. For security purposes, BNRS Account Holder are encouraged to change their passwords once every three (3) months.

Requested by:


JANINE FEROLIND
 Signature over Printed Name of the
 Requesting BNRS Account Holder

Approved by:


ELMER M. NATAO
 Signature over Printed Name of the
 Regional or Provincial Director

BNRS USER'S PROFILE FORM

Instruction: Each BNRS User needs to accomplish this form in order to gain access to the BNRS Next Gen.

User Details:

| | |
|-------------------------------|---------------------------------------|
| First Name: | RHEA |
| Middle Name (Not Initial): | MURILLO |
| Last Name: | NARAGA |
| Suffix (if any): | |
| Email Address*: | Cagdianao, LGU @ negosyocenter.gov.ph |
| DTI Office or Negosyo Center: | NEGOSYO CENTER CAGDIANO |
| Region: | CARAGA |

User Functions:

| | |
|--|---|
| BN Teller <input type="radio"/> Yes <input checked="" type="radio"/> No | Special Collecting Officer/Cashier <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Additional Access: BNRS Facility for Certification Request from Other Government Agencies*: <input type="radio"/> Yes <input checked="" type="radio"/> No | Bond Effectivity Date: Bond Expiration: |

BNRS Collection Report Generator:

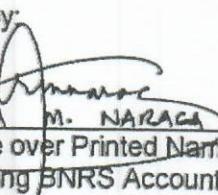
View Province/Office View Region

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Requested by:


 RHEA M. NARAGA

Signature over Printed Name of the
Requesting BNRS Account Holder

Approved by:


 ELMER M. NATAO

Signature over Printed Name of the
Regional or Provincial Director

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| | |
|---|---|
| User Details: | |
| First Name: | GECIEL |
| Middle Name (Not Initial): | MEURDM |
| Last Name: | PADONGAD |
| Suffix (if any): | |
| Email Address*: | Tubajon, LGU@negosyocenter.gov.ph |
| DTI Office or Negosyo Center: | NEGOSYO CENTER TUBAJON |
| Region: | CARAGA |
| User Functions: | |
| BN Teller <input type="radio"/> Yes <input checked="" type="radio"/> No | Special Collecting Officer/Cashier <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Additional Access: BNRS Facility for Certification Request from Other Government Agencies*: <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Bond Effectivity Date: | |
| Bond Expiration: | |
| BNRS Collection Report Generator: | |
| <input checked="" type="radio"/> View Province/Office <input type="radio"/> View Region | |

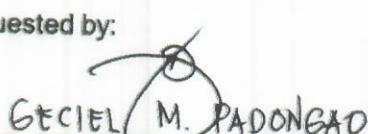
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Signature over Printed Name of the Requesting BNRS Account Holder

Approved by:



Signature over Printed Name of the Regional or Provincial Director

BNRS USER'S PROFILE FORM

Instruction: Each BNRS User needs to accomplish this form in order to gain access to the BNRS Next Gen.

User Details:

| | |
|-------------------------------|---------------------------------|
| First Name: | NOLI KERK |
| Middle Name (Not Initial): | ELAN |
| Last Name: | PADONGAO |
| Suffix (if any): | |
| Email Address*: | loreto.104@negosyocenter.gov.ph |
| DTI Office or Negosyo Center: | NEGOSYO CENTER LORETO |
| Region: | CARAGA |

User Functions:

| | |
|---|---|
| BN Teller <input type="radio"/> Yes <input checked="" type="radio"/> No | Special Collecting Officer/Cashier <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Additional Access: BNRS Facility for Certification Request from Other Government Agencies*: <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Bond Effectivity Date: | |
| Bond Expiration: | |

BNRS Collection Report Generator:

View Province/Office View Region

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Requested by:

Approved by:


NOLI KERK T. PADONGAO

Signature over Printed Name of the Requesting BNRS Account Holder


ELMER M. NATAD

Signature over Printed Name of the Regional or Provincial Director



BNRS USER'S PROFILE FORM

Instruction: Each BNRS User needs to accomplish this form in order to gain access to the BNRS Next Gen.

User Details:

| | |
|-------------------------------|---|
| First Name: | JOANN |
| Middle Name (Not Initial): | BETINOL |
| Last Name: | RINAS |
| Suffix (if any): | |
| Email Address*: | DinagatIslands.DTI@negosyocenter.gov.ph |
| DTI Office or Negosyo Center: | NEGOS-YO CENTER SAN JOSE |
| Region: | CARAGA |

User Functions:

| | |
|---|---|
| BN Teller <input type="radio"/> Yes <input checked="" type="radio"/> No | Special Collecting Officer/Cashier <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Additional Access: BNRS Facility for Certification Request from Other Government Agencies*: <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Bond Effectivity Date: | |
| Bond Expiration: | |

BNRS Collection Report Generator:

| | |
|---|-----------------------------------|
| <input checked="" type="radio"/> View Province/Office | <input type="radio"/> View Region |
|---|-----------------------------------|

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Requested by:

JOANN B. RINAS

Signature over Printed Name of the

Approved by:

ELMER M. NATAD

Signature over Printed Name of the

BNRS USER'S PROFILE FORM

Instruction: Each BNRS User needs to accomplish this form in order to gain access to the BNRS Next Gen.

User Details:

| | |
|-------------------------------|-----------------------------------|
| First Name: | SHIENJA MAE |
| Middle Name (Not Initial): | GENERAL |
| Last Name: | CABIZARES |
| Suffix (if any): | |
| Email Address*: | BASILISA.LGU@NEGOSYOCENTER.GOV.PH |
| DTI Office or Negosyo Center: | NC - BASILISA |
| Region: | CARAGA |

User Functions:

| | |
|---|---|
| BN Teller <input type="radio"/> Yes <input checked="" type="radio"/> No | Special Collecting Officer/Cashier <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Additional Access: BNRS Facility for Certification Request from Other Government Agencies*: <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Bond Effectivity Date: | |
| Bond Expiration: | |

BNRS Collection Report Generator:

| | |
|---|-----------------------------------|
| <input checked="" type="radio"/> View Province/Office | <input type="radio"/> View Region |
|---|-----------------------------------|

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Requested by:


SHIENJA MAE CABIZARES

Signature over Printed Name of the Requesting BNRS Account Holder

Approved by:


ELMER M. NATAD

Signature over Printed Name of the Regional or Provincial Director