

BUSINESS NAME REGISTRATION
 SOLE PROPRIETORSHIP APPLICATION FORM

PLEASE READ THE GENERAL INSTRUCTIONS ON THE LAST PAGE BEFORE FILLING UP THIS APPLICATION FORM.

A. TYPE OF DTI REGISTRATION

1. NEW
 RENEWAL → Certificate No. _____ Date registered _____

B. TAX IDENTIFICATION NO. (TIN)

2. With TIN Owner's TIN: _____ Without TIN

C. OWNER'S INFORMATION

3. First Name	4. Middle Name	5. Last Name	6. Suffix (e.g. Jr., Sr., I, II)
7. Date of Birth		8. Civil Status <input type="checkbox"/> Legally separated <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed	9. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Year	Month	Day	10. Are you a Refugee? <input type="checkbox"/> Yes <input type="checkbox"/> No Stateless person? <input type="checkbox"/> Yes <input type="checkbox"/> No 11. Citizenship

D. BUSINESS NAME TERRITORIAL SCOPE – Please choose ONLY ONE

12. Barangay (₱200.00) City/Municipality (₱500.00) Regional (₱1,000.00) National (₱2,000.00)

Payment of ₱30 Documentary Stamp Tax is required.

Surcharge for RENEWAL: Additional 50% of the registration fee if filed within 91 days to 180 days after expiration.

E. PROPOSED BUSINESS NAME – Please provide at least three (3) proposed Business Name options

13.

14.

15.

F. BUSINESS DETAILS

16. House/Building No. & Name:	17. Street	
18. Barangay	19. City/Municipality	20. Province
21. Region	22. Phone no. (Area code)	23. Mobile no.

G. PHILIPPINE STANDARD INDUSTRIAL CLASSIFICATION (PSIC)

24. Main Business Activity <input type="checkbox"/> Manufacturer/Producer <input type="checkbox"/> Wholesaler	<input type="checkbox"/> Service <input type="checkbox"/> Importer	<input type="checkbox"/> Retailer <input type="checkbox"/> Exporter	25. PSIC (Indicate Main Product Handled/Service Rendered)
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H. OWNER DETAILS

Same as Business Details provided in box Nos. 16 to 23. **Proceed to no. 34**

26. House/Building No. & Name:	27. Street	28. Barangay
29. City/Municipality	30. Province	31. Region
32. Phone no. (Area code)	33. Mobile no.	34. Email Address

I. PARTNER AGENCIES

35. Core agencies registration (Please choose what ERNs you want to have.): PhilHealth SSS Pag-IBIG

J. OTHER DETAILS

36. Asset	37. Capitalization	38. Gross Sale/Receipt
39. Planned No. of Employees → Male:		Female: TOTAL:

For DTI Use Only			
Approved Business Name		Fee	Received by
Business Name No.	Date Registered	OR Number	Date Paid
Issuing Office	Processed by	Reference Code	
BIR Tax Identification No.	SSS Employer No.	PhilHealth Employer No.	PAG-IBIG Employer No.

PLEASE READ THE UNDERTAKING AND THE CONSENT CAREFULLY BEFORE SIGNING.

CHECK YOUR E-MAIL FOR INSTRUCTIONS/NOTIFICATIONS ON THE STATUS OF YOUR EMPLOYER REGISTRATION WITH THE SOCIAL AGENCIES (SSS, PHILHEALTH, PAG-IBIG) AND/OR YOUR TIN APPLICATION WITH BIR, IF APPLICABLE.

UN D E R T A K I N G

Per Department Administrative Order (DAO) No. _____ as amended, I hereby declare that:

1. All information supplied in this application are true and correct to the best of my belief and knowledge;
2. I undertake to immediately inform the Department of Trade and Industry (DTI) of any and all changes in my business and personal details and understands that failure to do so shall be a ground for the cancellation/revocation of my Business Name (BN) registration;
3. Any false or misleading information supplied, or production of false or misleading document to support this application shall be a ground for the automatic denial of this application, automatic cancellation/revocation of the BN registration, and/or filing of appropriate criminal, civil and/or administrative action against me;
4. I undertake to voluntarily cancel and change the business name immediately upon receipt of notice or order from the DTI or upon conclusive determination that a prior owner and lawful user of an identical or confusingly similar business name exists;
5. I understand that a post-evaluation may be conducted after the registration process and understands that any negative findings may be ground for the cancellation of my BN registration from the records of DTI upon failure to comply with the Post-evaluation recommendations, without prejudice to the filing of criminal, civil, and/or administrative action, as applicable;
6. I understand and undertake to comply with the provisions of Act No. 3883 otherwise known as the BN Law, as amended, and its implementing rules and regulations and other related laws and rules;
7. I understand and consent to the disclosure to the public of the information appearing on my Certificate of BN Registration in accordance with the procedure set forth under the applicable rules and regulations of the BN Law and other existing rules and regulations on disclosure of information;
8. I undertake full responsibility in ensuring that my proposed business name is -
 - a) not a term or word or group of words that connote activities or norms that are unlawful, immoral, scandalous or contrary to propriety (e.g. Boobs Massage & Spa);
 - b) not a name, words, terms or expressions used to designate or distinguish, or suggestive of quality, of any class of goods, articles, merchandise, products or services;
 - c) not those that are registered as trade names, trademarks, or business names by any government agency authorized to register names or trademarks;

- d) not a name that is inimical to the security of the State;
 - e) not composed purely of generic word or words (e.g. The Drugstore, Health Care Clinic);
 - f) not a name which by law or regulation is restricted or cannot be appropriated (e.g. Red Cross, Red Crescent, ISIS);
 - g) not officially used by the government in its non-proprietary functions (e.g. NBI Private Investigation Services, PNP Security Agency);
 - h) not a name or abbreviation of any nation, inter-governmental or international organization unless authorized by competent authority of that nation, inter-government and international organization;
 - i) not ordered or declared by administrative agencies/bodies or regular courts not to be registered;
 - j) not a name of other persons; and
 - k) not deceptive, misleading or misrepresent the nature of my business.
9. I fully understand and hereby agree without any reservation that my failure to comply with or observe any of the foregoing undertakings or any of pertinent rules and regulations shall be sufficient ground for the denial of my application or cancellation/revocation of my registration of business name.

CONSENT

By applying for a business name, I hereby agree and consent to the processing **of my personal information, specifically business information for the purpose of Business Name registration. I understand that my personal information will be shared with other government agencies; the use of which shall be governed by the Data Privacy Act of 2012 and Act No. 3883. I promise to notify the DTI should there be any amendment in my personal information.**

Owner's Signature Over Printed Name

Date

GENERAL INSTRUCTIONS IN ACCOMPLISHING AND SUBMITTING APPLICATION AND REQUIREMENTS

- Accomplish the application form and fill out completely and clearly all the mandatory fields.
- Do not abbreviate the information, in business name, business and owner's address and name of owner as it will appear in the Certificate of Business Name Registration.
- **Only the owner of the business name is authorized to sign the application form.**
- Present one (1) valid government-issued ID together with the application form to any DTI Regional/ Provincial/ Satellite/ Field Offices/Negosyo Center.

A. Type of Registration

1. DTI Registration Type. Tick the appropriate box for your business.
 - **New** – Registration Type to be selected if applicant wishes to register a New BN.
 - **Renewal** - Registration Type to be selected if applicant wishes to renew an expiring/expired BN.

B. Tax identification Number (TIN)

2. TIN. This is required information to be able to transact with any government office per E.O.98.

C. Owner's Information

3. First Name; 4. Middle Name; 5. Last Name; 6. Suffix (if applicable). Indicate correct name as these would appear in the Certificate of BN Registration.
7. Date of Birth. Owner must be of majority age (at least 18 years old) unless otherwise indicated.
8. Civil Status. Tick the appropriate box.
9. Gender. Tick the appropriate box.
10. Refugee/Stateless Person. Tick the appropriate box of your answer whether you are a refugee or a stateless person.
11. Citizenship. Indicate your citizenship.

D. Business Name Territorial Scope

12. Territorial Scope of Business Name. Tick the appropriate box of the scope of your proposed business. Business scope refers to the registrability of a BN within a specific territory without prejudice to engaging in business elsewhere or to the geographical limit within which the business may locate using the registered BN.

E. Proposed Business Name

- 13-15. Proposed Business Name. Business Name (BN) must be comprised of the dominant portion (word, group of words or a combination of letters and numerals) and a descriptor (word or group of words describing the nature of business). E.g. Alberto's Garment Manufacturing, Marita's Carinderia. Use of dominant or generic business names are not allowed (e.g. Automotive Enterprise).

F. Business Details

16. House/Building No.. Includes building name and floor number, Lot, Block and Phase numbers, and Subdivision name, among others.
17. Street; 18. Barangay; 19. City/Municipality; 20. Province; and 21. Region. Exact business address.
22. Phone No.. 23. Mobile No.. Both landline and mobile numbers with area code are required.

G. Philippine Standard Industrial Classification (PSIC)

24. Main Business Activity. Tick appropriate box.
25. PSIC Indicate Main Product Handled/Service Rendered. Identify only one (1) main product/service.

H. Owner Details

26. House/Building No.. This information includes building name and floor number, Lot, Phase and Block numbers, and Subdivision, among others.
27. Street; 28. Barangay; 29. City/Municipality; 30. Province; and 31. Region. Exact residence address.
- 32 & 33. Phone and Mobile Nos.. Either landline or mobile numbers with area code is required.
34. E-mail Address. This is where e-mail notifications regarding your registration will be sent.

I. Partner Agencies

35. Core Agencies Registration. Tick the appropriate box of the agencies where you want to register and get your Employer Registration No.

J. Other Details

36. Asset. This includes cash and cash equivalents; accounts receivable; inventory; prepaid expenses; and property and equipment.
37. Capitalization. The initial investment or money used to start a business, whether for office space, permits, licenses, inventory, product development and manufacturing, marketing or any other expense.
38. Gross Sale/Receipt. The grand total of all sale transactions within a given period without deductions.
39. Planned No. of Employees. Indicate the number of planned employees to be hired and their gender (male or female).