

BOARD OF INLAND REVENUE  
APPLICATION FOR BIR NUMBER

Form AOI.- 002

Please Type or Print

SECTION B-FOR APPLICANTS OTHER THAN INDIVIDUALS

21. Legal Name:	
22. Trade Name, if different from above:	
23. Check the Organizational type that your Business falls under:	
<input type="checkbox"/> Local Company	<input type="checkbox"/> External Company <input type="checkbox"/> Government
<input type="checkbox"/> Partnership <input type="checkbox"/> Trust/Estate	
24. Main Business Activity:	
25. Address of Principal Place of Business:	
26. Mailing Address, if different from above:	
27. Address of Registered Office:	
28. Business Contacts: <i>(Telephone)</i>	<i>(Fax Number)</i>
29. Business Website:	30. Business E-mail Address:
31. Registered Date of Business:	Registrar General's Registration No.:
<div style="display: flex; justify-content: space-around; width: 100%;"> <span><i>dd</i></span> <span><i>mm</i></span> <span><i>yyyy</i></span> </div> <div style="display: flex; justify-content: space-around; width: 100%;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div>	
32. Name and Title of Authorised Officer:	
33. Name and Address of Agent responsible for Registration/Tax Matters <i>(External Company)</i> :	Telephone No.:
34. Reason for Applying:	
<input type="checkbox"/> Started a New Business	<input type="checkbox"/> Purchased an Existing Business
35. Date Business was Acquired/Started:	
<div style="display: flex; justify-content: space-around; width: 100%;"> <span><i>dd</i></span> <span><i>mm</i></span> <span><i>yyyy</i></span> </div> <div style="display: flex; justify-content: space-around; width: 100%;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div>	
36. Number of Persons Employed or to be employed:	

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SECTION B—FOR APPLICANTS OTHER THAN INDIVIDUALS—Continued

37. State the Accounting Period of your Business:	
From: <i>dd</i> <input type="text"/> <input type="text"/> <i>mm</i> <input type="text"/> <input type="text"/> <i>yyyy</i> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	To: <i>dd</i> <input type="text"/> <input type="text"/> <i>mm</i> <input type="text"/> <input type="text"/> <i>yyyy</i> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
38. Holding Company's Name:	
39. Holding Company's Address:	
40. Are You an Exporter?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
41. Do you make—Zero Rated Supplies?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
42. State Value of Commercial Supplies in the 12 months preceding this application:	
43. Do you expect your Commercial Supplies for the next 12 months to exceed \$200,000?:	
44. Is your Business or Organization a Petroleum Company?: <input type="checkbox"/> Yes <input type="checkbox"/> No	45. If "Yes" is the Petroleum Company— <input type="checkbox"/> Producing <input type="checkbox"/> Refining <input type="checkbox"/> Both
46. If the answer to question 44 above is "Yes", in which of these activities does your Company engage?: <input type="checkbox"/> Exploration and Production (EaP) <input type="checkbox"/> Production Sharing Contract (PSC)	
47. Signature of Authorized Officer:	
48. Title of Authorized Officer:	49. Date: <i>dd</i> <input type="text"/> <input type="text"/> <i>mm</i> <input type="text"/> <input type="text"/> <i>yyyy</i> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>BIR File No.</b>	<b>Do not write in the spaces below</b>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**VAT**

Date Received ...../...../..... Effective Date of Reg. .... /..... /..... Reg. No. ....  
dd mm yyyy dd mm yyyy

Trade Classification ..... Office Code ..... Checked by .....

Stat. No. .... /..... /..... /..... /.....