



BTRCP FORM NO. 16B  
Please read instruction/  
requirements at the back  
before filling up application

Republic of the Philippines  
Department of Trade and Industry

Certificate No. : \_\_\_\_\_  
Date Registered : \_\_\_\_\_  
Expiry Date : \_\_\_\_\_  
TRN No. : \_\_\_\_\_

**APPLICATION FOR CORPORATION/PARTNERSHIP/COOP. AND OTHER JURIDICAL ENTITY**

NEW  RENEWAL

(PLEASE TICK THE BOX FOR THE APPROPRIATE APPLICATION FOR REGISTRATION OF A FIRM OR BUSINESS NAME OR STYLE UNDER ACT NO. 3883, AS AMENDED)  
(TO BE ACCOMPLISHED IN DUPLICATE)

\_\_\_\_\_  
BUSINESS NAME  
(To be filled up by DTI Examiner)

MAIN OFFICE  BRANCH  FRANCHISE

1. IDENTIFICATION		FOR RENEWAL ONLY	
a. DATE OF ORIGINAL REGISTRATION		b. DATE LAST REGISTERED	c. CERTIFICATE NO. (Last Registered)
d. BUSINESS ADDRESS (last Registered/Reported)		ZIP Code	
Number _____	Street _____	Barangay _____	City/Municipality _____
Region _____	Code _____		
2. OWNER/REGISTRANT			
a. NAME OF CORPORATION/PARTNERSHIP/FOUNDATION/COOPERATIVE		b. TIN	c. DATE REGISTERED
d. BUSINESS ADDRESS		e. CONTACT NOS.	
Building _____	Number _____	Street _____	ZIP _____
Barangay _____	City/Municipality _____	Prov./Region _____	Code _____
f. AUTHORIZED REPRESENTATIVE		g. POSITION	
Mr./Mrs./Ms. _____	SURNAME _____	GIVEN NAME _____	MIDDLE NAME _____
h. AUTHORIZED REPRESENTATIVE'S ADDRESS		i. CONTACT NOS.	
Number _____	Street _____	Barangay _____	ZIP _____
City/Municipality _____	Prov./Region _____	Code _____	Tel No. _____
E-mail _____			
j. CORPORATE CITIZENSHIP			
1. <input type="checkbox"/> Filipino	2. <input type="checkbox"/> Foreigner	2.a. Country _____	
		2.b. Citizenship _____	
3. FORM OF OWNERSHIP			
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Others, specify _____	
4. CAPITALIZATION (To nearest thousand Peso)			5. TOTAL NO. OF EMPLOYEES
a. IF CORPORATION		b. IF PARTNERSHIP, OR OTHERS	
AUTHORIZED	SUBSCRIBED	PAID-UP	
P _____	P _____	P _____	P _____
5. NATURE OF BUSINESS			
a. Main Activity	<input type="checkbox"/> Exporter	<input type="checkbox"/> Importer	<input type="checkbox"/> Manufacturer /Producer
<input type="checkbox"/> Retailer	<input type="checkbox"/> Service	<input type="checkbox"/> Wholesaler	
b. PRIMARY PRODUCT HANDLED/SERVICE RENDERED			
6. FORMER OWNER OF BUSINESS			
a. Business Name		b. Old Certificate No.	
c. Method of Acquisition	1. <input type="checkbox"/> Sale	2. <input type="checkbox"/> Assignment	3. <input type="checkbox"/> Transfer
	4. <input type="checkbox"/> Others (Specify)		
7. PROPOSED BUSINESS NAME (if Adopted Name)			
a. _____			
b. _____			
c. _____			

Has the undersigned been convicted of any crime involving moral turpitude or violation of the law to trade, commerce and industry?  YES  NO

If yes, state Date: \_\_\_\_\_ Place \_\_\_\_\_ and Nature of Offense: \_\_\_\_\_  
(Attach certified true copy of the decision of the court of competent jurisdiction for any crime involving moral turpitude or violation of the law, ordinance or regulation).

**UNDERTAKING**

I hereby declare that all information supplied in this application are true and correct to the best of my belief and knowledge, and any false or misleading information supplied, or production of materially false or misleading document to support this application shall be a ground for the appropriate criminal, civil and/or administrative action against me.

Further, I hereby commit to abide by the following:

1. Change and/or cancel the registered business name in the event that there is already another person, firm or entity lawfully using an identical or confusingly similar name;
2. Comply with the provisions of ACT 3883, as amended and its implementing rules and regulations and other related laws and rules; and
3. Recognize and accept the authority and power of the Department of Trade and Industry or any of its duly designated representatives or agents to check and monitor compliance of my business establishment with various trade and industry laws and its implementing rules and regulations, and violations of the same shall be a ground for the cancellation of this certificate.

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE'S SIGNATURE

Evaluated by : \_\_\_\_\_  
Date : \_\_\_\_\_  
Time : \_\_\_\_\_

Verified by. : \_\_\_\_\_  
Date : \_\_\_\_\_  
Time : \_\_\_\_\_

Payment Mode : \_\_\_\_\_  
Card/Bank Used : \_\_\_\_\_  
Date : \_\_\_\_\_  
Time : \_\_\_\_\_

Amount : \_\_\_\_\_  
O.R. No : \_\_\_\_\_  
Issued B y : \_\_\_\_\_

**FOR CORPORATION/PARTNERSHIP/OTHER JURIDICAL ENTITY**

INSTRUCTIONS FOR ACCOMPLISHING AND SUBMITTING APPLICATION

1. Accomplish the application form in duplicate. Type or print completely and clearly, all information required in the forms.
2. For new application, proceed to box # 2. For renewal, start from box # 1.
3. Only an incorporator can sign all the forms. If signatory is not one of the incorporators/cooperators/partners, a Board Resolution/Partnership Agreement for the authorized signatory is required.
4. Submit the following (where applicable) together with the application form to the proper DTI Office where your business is located.

New Application

Renewal Application

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>a. Photocopy of SEC/CDA Certificate of Registration and Articles of Incorporation/ Partnership/Cooperation, each page duly certified by the Corporate Secretary or Assistant Corporate Secretary.</li><li>b. Board Resolution/Partnership Agreement for the registration of an adopted name or branch with the specific business address</li><li>c. If FRANCHISE HOLDER:<ul style="list-style-type: none"><li>c.1. Photocopy of Franchise Agreement, each page duly Certified by the franchisor or franchisee.</li><li>c.2. Photocopy of BN Certificate of the franchisor.</li></ul></li><li>d. FOR BULK SALES:<ul style="list-style-type: none"><li>d.1. Affidavit of vendor stating that at the time of sale, he had no creditors or if there were creditor/s, copy of notice to them regarding the sale.</li><li>d.2. Deed of sale, assignment or transfer</li><li>d.3. Inventory of properties sold, assigned or transferred</li><li>d.4. Original certificate of business name registration vendor for cancellation.</li></ul></li><li>e. FOR FOREIGN INVESTOR<ul style="list-style-type: none"><li>e.1. Certified true copy of the certificate of authority to engage in business in the Philippines per RA 7042 issued by the DTI-NCR.</li><li>e.2. Certified true copy of latest business permit form the concerned Local Government Unit (LGU).</li><li>e.3. Photocopy of Alien Certificate of Registration (ACR) updated for the current year. Present original for comparison.</li><li>e.4. Accomplished DTI Form No.17 under RA 7042.</li><li>e.5. Current written appointment of Filipino Resident Agent.</li><li>e.6. Clearance from other involved agencies such as Department of Science and Technology, PNP, etc.</li><li>e.7. In case of alien retailer, current year's permit to engage in retail business under RA 1180.</li><li>e.8. Certificate of authority to engage in business in the Philippines from SEC, if the foreign capital investment exceeds 30% of the total capital stock.</li></ul></li></ul> | <ul style="list-style-type: none"><li>a. Same requirement</li><li>b. Same requirement</li><li>c. Same requirements</li><li>e. Same requirements</li></ul> |
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ADDDITIONAL DOCUMENTS MAY BE REQUIRED ON A CASE TO CASE BASIS DEPENDING ON ACTUAL EXAMINATION AND PROCESSING OF THE APPLICATION.

Example: If business requires practice of profession - submit photocopy of PRC License and present original copy for comparison, contract of employment if applicable.

SCHEDULE OF FEES

Basic Application fee (New/Renewal)	P 500.00
Documentary Stamps	P 15.00
Surcharge (For renewal of BN beyond 90 days after expiration)	P 100.00
Bulk Sales	P 55.00