



Republic of the Philippines

BARANGAY SAN ANTONIO

Pasig City, Metro Manila

APPLICATION FOR BARANGAY CLEARANCE NEW BUSINESS INFORMATION & REGISTRATION

Date		Cert. No.	
Registered Name of Business Establishment*			
Nature of Business Ownership*		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative	
Nature of Business*			
Business Address* (Unit/Floor No. / Name of Building / Street)			
Taxpayer Identification Number (TIN)*		SEC/DTI Registration Number*	
Landline Number*	Fax Number	Area of Establishment* (in sq. m)	
Mode of Payment*		<input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annually	
Is this place of business owned or leased?*			
Name of Owner*	Contact Number*	Email Address*	
<p>I hereby certify that all the above information are true and correct.</p> <p>_____</p> <p>SIGNATURE OVER PRINTED NAME OF APPLICANT/REPRESENTATIVE</p>			