



Registry of Establishments

1a. Business Name: _____		EIN		<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>													
1b. Registered Name: _____																	
1c. Tax Identification Number (TIN): _____																	
2. Address: _____				<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>													
<small>Floor/Bldg. No./Street/Subdivision</small>		<small>Brgy./City/Municipality</small>		<small>Province</small>													
<small>Zip Code</small>		<small>GEO CODE</small>															
3. Telephone No.	4. Fax No.	5. E-mail Address:															
6. Name of Manager/Owner																	
7. Main Economic Activity: _____		PSIC		<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>													
Major Products/Goods or Services: _____		Code															
8. Legal Organization (Check Appropriate Box)			9. Economic Organization (Check Appropriate Box)														
<input type="checkbox"/> Single Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Government Corporation <input type="checkbox"/> Private Corporation <input type="checkbox"/> Others. Specify _____			<input type="checkbox"/> Single Establishment <input type="checkbox"/> Branch Only <input type="checkbox"/> Establishment and main office <input type="checkbox"/> Main Office only <input type="checkbox"/> Ancillary unit (except main office)														
10. Total Employment: _____		Regular: _____		Non-Regular: _____													
Male: _____		Alien Workers: _____		Minors: Below 15 years old: _____													
Female: _____				16 - below 18 years old: _____													
11. Total Number of Subcontractors: _____			12. Total Number of Subcontracted Employees: _____														
13. Technical Information (Check and enumerate as possible)																	
<input type="checkbox"/> Machinery, Equipment and Other Devices in Use <input type="checkbox"/> Circular saw <input type="checkbox"/> Machine Drill Press <input type="checkbox"/> Boiler <input type="checkbox"/> Pressure Vessel <input type="checkbox"/> Internal Combustion Engine <input type="checkbox"/> Engine Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Others, specify _____ <input type="checkbox"/> Materials Handling Equipment <input type="checkbox"/> Power Trucks <input type="checkbox"/> Hand Trucks <input type="checkbox"/> Conveyors <input type="checkbox"/> Forklift <input type="checkbox"/> Cranes <input type="checkbox"/> Others, specify _____ <input type="checkbox"/> Chemical or Substances Used or Handled: _____																	
For Updating purposes, accomplish also:																	
14. If name of Establishment has been changed, state former name: _____																	
15. If location of Establishment has been changed, state former address: _____																	
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<small>Zip Code</small>		<small>GEO CODE</small>															
CERTIFICATION																	
This is to certify as to the accuracy of the data provided in this form:																	
Name/Signature of Person Accomplishing the Form: _____																	
Position:			Fax No.:														
Telephone No.:			E-mail Address:														
Date Filed: _____		Date Approved: _____		Approved by: _____													