



REPUBLIC OF THE PHILIPPINES
PROVINCE OF NEGROS OCCIDENTAL
CITY OF KABANKALAN
BUSINESS PERMIT AND LICENSING OFFICE

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APPLICATION FOR REGISTRATION INFORMATION UPDATE

Date: _____

Owners Name: _____

Owners Address: _____

Request for:

CHANGE OF BUSINESS NAME:

Previous Business Name: _____

New Business Name: _____

CHANGE OF BUSINESS ADDRESS:

Previous Business Address: _____

New Business Address: _____

Business Type: _____

Contact Person: _____

Contact Number: _____

Email Address: _____

BUSINESS STATUS:

- NEW
 RENEWAL
 ADDITIONAL

LINE OF BUSINESS: _____

Signature Over Printed Name

Approved by:

NELLY S. ILAO, LO IV
Division Chief
Business Permit and Licensing Division