

Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
 Regional Office No. III

Series of _____
 Application No. _____

Registry of Establishments

1a. Business Name : _____	EIN	<table border="1" style="width:100%; border-collapse: collapse;"> <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> </tr> </table>								
1b. Registered Name: _____										
1c. Tax Identification Number (TIN): _____										

2. Address : _____	<table border="1" style="width:100%; border-collapse: collapse;"> <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> </tr> </table>										
<i>Floor/Bldg. No./Street/Subdivision Brgy./City/Municipality Province Zip Code</i>	GEO CODE										

3. Telephone No.	4. Fax No.	5. E-mail Address:
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6. Name of Manager/Owner: _____

7. Main Economic Activity : _____	<table border="1" style="width:100%; border-collapse: collapse;"> <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> </tr> </table>					
Major Products/Goods or Services: _____	PSIC Code					

8. Legal 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 _____	9. Economic Organization (Check Appropriate Box) <input type="checkbox"/> Single Establishments <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)
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10. Total Employment: _____	Regular: _____	Non-Regular: _____
Male : _____ Alien Workers: _____ Female: _____	Minors: Below 15 years old: _____ 16 - below 18 years old: _____	

11. Total Number of Subcontractors: _____	12. Total Number of Subcontracted Employees: _____
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13. Technical Information (Check and enumerate as applicable)	
<input type="checkbox"/> Machinery, Equipment and Other Devices in Use <input type="checkbox"/> Circular saw <input type="checkbox"/> Machine drill press <input type="checkbox"/> Engine diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Materials Handling Equipment <input type="checkbox"/> Power Trucks <input type="checkbox"/> Hand Trucks <input type="checkbox"/> Chemical or Substances Used or Handled: _____	<input type="checkbox"/> Lifter <input type="checkbox"/> Pressure vessel <input type="checkbox"/> Internal Combustion engine Others, specify _____ <input type="checkbox"/> Conveyors <input type="checkbox"/> Forklift <input type="checkbox"/> Cranes Others, specify _____

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: _____									
_____ <i>Floor/Bldg. No./Street/Subdivision Brgy./City/Municipality Province Zip Code</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <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> </tr> </table>								
GEO CODE									

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: _____