



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Application for
Registration Information
Update/Correction/Cancellation

BIR Form No.
1905
January 2018 (ENCS)

Fill in applicable spaces. Mark all appropriate boxes with an "X"

PART I - TAXPAYER INFORMATION

1 Taxpayer Identification Number (TIN)	2 RDO Code	3 Contact Number
0 0 4 - 6 6 1 - 9 2 0 - 0 0 0 0	0 5 0	0 2 8 8 5 2 6 4 7 3

4 Registered Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)
K O L I N M A R K E T I N G I N C

PART II - REASON/DETAILS OF REGISTRATION INFORMATION UPDATE/CORRECTION

5 Replacement/Cancellation of	6 Other Updates																			
<table><tr><td>FORM/S</td><td>REASON/DETAILS</td></tr><tr><td><input type="checkbox"/> A. Certificate of Registration (COR)</td><td><input type="checkbox"/> Lost/Damaged</td></tr><tr><td><input type="checkbox"/> B. Authority to Print (ATP) Receipts/Invoices</td><td><input type="checkbox"/> Change of Accredited Printer as Requested by the taxpayer</td></tr><tr><td><input type="checkbox"/> C. Tax Clearance Certificate of Liabilities (TCL1)</td><td><input type="checkbox"/> Correction/Change/Update of Registration of Information</td></tr><tr><td><input type="checkbox"/> D. Taxpayer Identification Number (TIN) Card</td><td><input type="checkbox"/> Others (specify)</td></tr><tr><td><input type="checkbox"/> E. Tax Clearance Certificate for Transfer of Property/ies (TCL2)/ Certificate Authorizing Registration (CAR)</td><td></td></tr><tr><td><input type="checkbox"/> F. Others(specify)</td><td></td></tr></table>	FORM/S	REASON/DETAILS	<input type="checkbox"/> A. Certificate of Registration (COR)	<input type="checkbox"/> Lost/Damaged	<input type="checkbox"/> B. Authority to Print (ATP) Receipts/Invoices	<input type="checkbox"/> Change of Accredited Printer as Requested by the taxpayer	<input type="checkbox"/> C. Tax Clearance Certificate of Liabilities (TCL1)	<input type="checkbox"/> Correction/Change/Update of Registration of Information	<input type="checkbox"/> D. Taxpayer Identification Number (TIN) Card	<input type="checkbox"/> Others (specify)	<input type="checkbox"/> E. Tax Clearance Certificate for Transfer of Property/ies (TCL2)/ Certificate Authorizing Registration (CAR)		<input type="checkbox"/> F. Others(specify)		<table><tr><td><input type="checkbox"/> Closure of Business (proceed to Number 8)</td></tr><tr><td><input type="checkbox"/> Change of Civil Status (proceed to Number 9)</td></tr><tr><td><input checked="" type="checkbox"/> Update of Books of Accounts (proceed to Number 10)</td></tr><tr><td><input type="checkbox"/> Avail of 8% Income Tax Rate Option</td></tr><tr><td><input type="checkbox"/> Others (specify)</td></tr></table>	<input type="checkbox"/> Closure of Business (proceed to Number 8)	<input type="checkbox"/> Change of Civil Status (proceed to Number 9)	<input checked="" type="checkbox"/> Update of Books of Accounts (proceed to Number 10)	<input type="checkbox"/> Avail of 8% Income Tax Rate Option	<input type="checkbox"/> Others (specify)
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7 Correction/Change/Update of Registration Information
<input type="checkbox"/> A. CHANGE IN REGISTERED NAME/TRADE NAME
<input type="checkbox"/> Registered Name <input type="checkbox"/> Trade/Business Name

New Registered Name/Trade/Business Name	
Old	
New	

<input type="checkbox"/> B. CHANGE IN REGISTERED ADDRESS	(Old RDO)	(New RDO)
<input type="checkbox"/> Transfer within same RDO <input type="checkbox"/> Transfer to another RDO	From	To
Unit/Room/Floor/Building No.	Building Name/Tower	
Lot/Block/Phase/House/Building No.	Street Name	
Subdivision/Village/Zone	Barangay	
Town/District	Municipality/City	
Province	ZIP Code	

<input type="checkbox"/> C. CHANGE IN ACCOUNTING PERIOD (Applicable to Non-Individual)	Accounting Start Month	Effectivity Date (MM/DD/YYYY)
<input type="checkbox"/> From Calendar Period to Fiscal		
<input type="checkbox"/> From One Fiscal Period to Another Fiscal Period		
<input type="checkbox"/> From Fiscal to Calendar Period		

<input type="checkbox"/> D. CHANGE/ADD REGISTERED ACTIVITY/LINE BUSINESS	
New Registered Activity/Line of Business	Effective Date of Change (MM/DD/YYYY)

<input type="checkbox"/> E. CHANGE/ADD FACILITY TYPE/DETAILS (attach additional sheet, if necessary)							
Additional/New Facility	Facility Type*						
<table><tr><td>Facility Code</td><td>Facility Type (check applicable facility type)</td></tr><tr><td>F</td><td>PP SP WH SR GG BT RP Others (specify)</td></tr><tr><td>F</td><td></td></tr></table>	Facility Code	Facility Type (check applicable facility type)	F	PP SP WH SR GG BT RP Others (specify)	F		PP - Place of Production BT - Bus Terminal SP - Storage Place RP - Real Property for Lease with No Sales Activity WH - Warehouse SR - Showroom GG - Garage
Facility Code	Facility Type (check applicable facility type)						
F	PP SP WH SR GG BT RP Others (specify)						
F							
Address of Facility							
Unit/Room/Floor/Building No.	Building Name/Tower						
Lot/Block/Phase/House/Building No.	Street Name						
Subdivision/Village/Zone	Barangay						
Town/District	Municipality/City						
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