



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	
FORM/S	REASON/DETAILS	
☐ A. Certificate of Registration (COR)	☐ Lost/Damaged	☐ Closure of Business (proceed to Number 8)
☐ B. Authority to Print (ATP) Receipts/Invoices	☐ Change of Accredited Printer as Requested by the taxpayer	☐ Change of Civil Status (proceed to Number 9)
☐ C. Tax Clearance Certificate of Liabilities (TCL1)	☐ Correction/Change/Update of Registration of Information	☒ Update of Books of Accounts (proceed to Number 10)
☐ D. Taxpayer Identification Number (TIN) Card	☐ Others (specify)	☐ Avail of 8% Income Tax Rate Option
☐ E. Tax Clearance Certificate for Transfer of Property/ies (TCL2)/ Certificate Authorizing Registration (CAR)		☐ Others (specify)
☐ F. Others(specify)		

7 Correction/Change/Update of Registration Information

☐ A. CHANGE IN REGISTERED NAME/TRADE NAME

☐ Registered Name ☐ Trade/Business Name

New Registered Name/Trade/Business Name

Old	
New	

☐ B. CHANGE IN REGISTERED ADDRESS

☐ Transfer within same RDO ☐ Transfer to another RDO

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

☐ C. CHANGE IN ACCOUNTING PERIOD (Applicable to Non-Individual)

Accounting Start Month Effectivity Date (MM/DD/YYYY)

☐ From Calendar Period to Fiscal

☐ From One Fiscal Period to Another Fiscal Period

☐ From Fiscal to Calendar Period

☐ D. CHANGE/ADD REGISTERED ACTIVITY/LINE BUSINESS

New Registered Activity/Line of Business Effective Date of Change (MM/DD/YYYY)

☐ E. CHANGE/ADD FACILITY TYPE/DETAILS (attach additional sheet, if necessary)

Additional/New Facility

Facility Code	Facility Type (check applicable facility type)	Facility Type*
F	PP SP WH SR GG BT RP Others (specify)	PP - Place of Production BT - Bus Terminal
F		SP - Storage Place RP - Real Property for Lease with No Sales Activity
		WH - Warehouse
		SR - Showroom
		GG - Garage

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

Province ZIP Code

F. CHANGE/ADD INCENTIVE DETAILS/REGISTRATION

Investment Promotion Agency

Number of Years

Legal Basis

Start Date (MM/DD/YYYY)

Incentives Granted

End Date (MM/DD/YYYY)

Registration/Accreditation No.

Registered Activity

FromTo

Tax Regime

Effectivity Date (MM/DD/YYYY)

Activity Start Date (MM/DD/YYYY)

Date Issued (MM/DD/YYYY)

Activity End Date (MM/DD/YYYY)

G. CHANGE/ADD TAX TYPE DETAILS/SUSPEND TAX TYPE/RE-REGISTER TAX TYPE

Suspend/Cancelled Tax Type/s

Form Type

ATC

Effectivity Date of Change (MM/DD/YYYY)

(to be filled-up by BIR)

Re-register/Added/New Tax Type/s

Form Type

ATC

Effectivity Date (MM/DD/YYYY)

(to be filled-up by BIR)

H. CHANGE/UPDATE OF CONTACT TYPE

Phone Number

Mobile Number

Fax Number

Email Address (required)

I. CHANGE/UPDATE OF CONTACT PERSON/AUTHORIZED REPRESENTATIVE

(Last Name, First Name, Middle Name, Suffix)

Position

TIN

J. CHANGE/UPDATE OF NAME OF STOCKHOLDERS/MEMBERS/PARTNERS

(Last Name, First Name, Middle Name, Suffix, If Individual OR Registered Name, if Non Individual)

A

B

C

TIN

A

B

C

8 Closure of Business/Cancellation of Registration

A. CANCELLATION OF TIN

Death

Multiple/Identical TIN

Failure to start/commence business (For Non-Individual)

Permanent closure of a branch

Dissolution of corporation/partnership

As a result of merger/consolidation

Others (specify)

Effective Date of Cancellation (MM/DD/YYYY)

B. DE-REGISTER/CESSATION OF REGISTRATION

Permanent closure of business (head office) of an individual

Others (please specify)

Trade/Business Name

Effective Date of Cessation (MM/DD/YYYY)

9 Change of Civil Status

From Single to Married

From Married to Single

A. Old Name/Maiden Name (First Name, Middle Name, Last Name, Suffix)

B. New Name/Married Name (First Name, Middle Name, Last Name, Suffix)

C. Spouse Information

Employment Status of Spouse

Unemployed

Employed Locally

Employed Abroad

Engaged in Business/Practice of Profession

Spouse Name (Last Name)

(First Name)

(Middle Name)

(Suffix)

Spouse TIN

00000

Spouse Employer's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

Spouse Employer's TIN

