



APPLICATION FOR VAS REGISTRATION

INSTRUCTIONS: All blanks must be filled up properly. Put "n/a" for items not applicable to you. Upon completion of the form submit this together with required/supporting documents. Print all entries in block or CAPITAL LETTERS

TYPE: New Ren Modification

1 APPLICANT : _____
 2 BUSINESS ADDRESS : _____
 3 CONTACT NO(s) : _____ EMAIL ADD. : _____
 4 NTC PERMIT NO. : _____ VALIDITY : _____ (If Applicable)
 5 FRANCHISE (R.A. No.) : _____ (If Applicable)

6 TYPE OF FIRM: (Check appropriate box)

Corporation Partnership
 Single Proprietorship Others, please specify _____

7 HAS APPLICANT BEEN KNOWN BY ANOTHER NAME?

Yes No

If Yes, Indicate the name(s) and address(es) of former name: _____

8 LIST OF VAS OFFERED :

A _____
 B _____
 C _____
 D _____
 E _____
 F _____
 G _____

9 CERTIFICATION

I HEREBY CERTIFY that all above entries are true and correct and that I shall be held liable for any willful false statements made in this application under the Revised Penal Code. Any false statement or misrepresentation made in connection with this application shall constitute a valid ground for the denial of this application and/or cancellation/ revocation of the permit to be granted.

 Authorized Representative
 Signature over Printed Name of Applicant

 Date

OR NO: _____
 DATE: _____, 20____
 AMOUNT: _____

CASHIER

PLEASE SEE BACK HEREOF FOR THE REQUIREMENTS TO BE SUBMITTED

Revision No.: _____
 Revision Date: _____