



Republic of the Philippines  
Province of Bukidnon  
City of Valencia

Office of the City Administrator

**BUSINESS PERMITS AND LICENSING DIVISION (BPLD)**

1<sup>st</sup>Flr., Multi-purpose Building, City Hall Compound, A. Catarata St., Poblacion , Valencia City, Buk., Tel No: 828-4244, Email address: [licensing@cityofvalencia.gov.ph](mailto:licensing@cityofvalencia.gov.ph)

**REQUEST FORM FOR CHANGE OF TRADE NAME**

Control No. \_\_\_\_\_

Date of Request: \_\_\_\_\_

NAME OF TAXPAYER	SURNAME	FIRST NAME	M.I.
BUSINESS TRADE NAME	(RM./FLR./UNIT NO. & BLDG. NAME)	(STREET NAME)	(BARANGAY)
(CITY/MUNICIPALITY)		(PROVINCE)	

CURRENT TRADE NAME
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**NEW TRADE NAME**

DTI Certificate of Business Registration Number	Issuance Date
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**IMPORTANT NOTE:**  
The mere filing of this request does not automatically relieve the applicant from any tax liability and/or fee/s.  
In order to facilitate the processing of this request, the Applicant-Taxpayer shall submit pertinent documents that would support the new Trade Name.

Very truly yours,

\_\_\_\_\_  
SIGNATURE OF TAXPAYER OVER PRINTED NAME

*\*TO BE FILLED UP BY THE BPLD PERSONNEL*

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<p><b>SUBMITTED DOCUMENTS:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Request Form for Change of Trade name (pls. get the Form at BPLD)</li> <li><input type="checkbox"/> 2. DTI Certificate of Business Registration</li> <li><input type="checkbox"/> 3. Recent or latest Business Permit Card</li>   <li><input type="checkbox"/> <i>For Authorized Representative, Authorization Letter with photocopy of Taxpayer's ID or Special Power of Attorney (Single Proprietorship; Board's Resolution/Secretary's Certificate (Corporation/Cooperative)</i></li> </ul> <p><i>Other requirements as required by law</i></p> <p>_____</p> <p><i>*BPLD reserves the right to ask for additional documents in accordance with law.</i></p>
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<p><b>DETAILS OF FILING</b></p> <p><b>Received by:</b> _____</p> <p><b>Date Received:</b> _____</p> <p><b>Remarks:</b> _____</p>
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<p><b>Amount Paid:</b> _____</p> <p><b>Payment Date:</b> _____</p> <p><b>Official Receipt No.:</b> _____</p>
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**GRACE A. DAPANAS**  
LO IV/ HEAD, BPLD