

Republika ng Pilipinas





Quezon City Business Permits and Licensing Department

REPLACEMENT OF CONTACT INFORMATION

This serves as an application to remove the contact information previously submitted by the business owner or the authorized representative and will further serve as documentation for the replacement or new contact information.

SECTION A: APPLICANT INFORMATION

1.	Surname			
	First Name			
	Middle Name			
2.	Business Name			
	Mayor's Permit Number			
	Business Address			
	Position			
	ON B: REPRESENTATIVE INFOR	MATION, if any		
1.	Surname			
	First Name			
	Middle Name			
SECTION C: E-MAIL INFORMATION				
1.	E-mail Address to be Replaced			
2.	New E-mail Address			
3.	Reason for Replacement			
SECTION D: CONTACT NUMBER				
1.	Contact Number to be Replaced			
2.	New Contact Number			
3.	Reason for Replacement			











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SECTION E: APPLICANT'S DECLARATION

- I declare that the above information is truthful, complete and correct.
- I declare that I am authorizing the Business Permits and Licensing Department to reflect the replacement in the OUBPAS platform and other pertinent documents relative to my account.
- I am expressly authorizing my representative (if any) to transact on my behalf with the BPLD for this special purpose.

Signature of Applicant Date				
SECTION E: REPRESENTATIVE'S CONFORME				
Signature of Representative Date				

IMPORTANT NOTICE: You will receive a message in your new e-mail address if the application has been approved and for further instructions to authenticate and verify the changes made. Thank you.







8988.4242 local 8174

