



REVOCATION OF AUTHORITY

This document serves to REVOKE the AUTHORITY granted by the APPLICANT to the REPRESENTATIVE to conduct business on the applicant’s behalf with the Quezon City Business Permit and Licensing Department. The applicant understands that the electronic mail link used by the representative for the previous application shall be removed and the applicant or his new representative shall be free to use their own e-mail unless the same e-mail shall be maintained.

SECTION A: APPLICANT’S INFORMATION

1. Your Full Name

Surname

Given Name

2. Your Business Information

Mayor’s Permit No.

Business Name

Business Address

Position

SECTION B: REPRESENTATIVE’S INFORMATION

3. Your Representative’s Full Name

Surname

Given Name





4. Your Representative's Contact Information

Name of Firm or Organization (if applicable)

E-mail Address

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SECTION C: YOUR DECLARATION

5.

- I declare that I have fully and truthfully answered all questions on this form.
- I also declare that I have read and understood all the statements on this form, having asked and obtained an explanation for every point that was not clear to me.

Signature of Applicant

ID Number

New E-mail Address

Date

(YYY-MM-DD)

Reminders:

For Corporation or Cooperatives, please attach Secretary's Certificate and Valid ID of Corporate Secretary or Company President.

For Sole Proprietorship, please attach valid ID of Owner.

WARNING! It is a serious offense to give false or misleading information on this form.

