

# NEW BUSINESS & COMPANY PROFILE



Read carefully and complete the form below.

## ● Client Profiling

This space is where you can share information on the section, such us: name, tax information, and the services.

### Write Your Personal Information :

Type of Business Organization :  Sole Proprietorship  Partnership  Corporation  Cooperative

Office Rented?  Yes  No

Complete Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Email address: \_\_\_\_\_ Contact #: \_\_\_\_\_

Date & Time of Appointment \_\_\_\_\_

### Chosee which services you would us to assist you:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> PROCESSING OF BUSINESS PERMITS (DTI, SEC, MAYORS PERMIT, BIR) | <input type="checkbox"/> EMPLOYEE BENEFITS AND INSURANCE                               | <input type="checkbox"/> LAND TITLE PROCESING                              |
| <input type="checkbox"/> TAX PLANNING AND FILING                                       | <input type="checkbox"/> BIR LOA CASE, UPDATES, AND TAX CLEARANCE (BIDDING OR CLOSURE) | <input type="checkbox"/> TAX COMPLIANCE AUDIT                              |
| <input type="checkbox"/> VIRTUAL OFFICE AND OFFICE SPACE                               | <input type="checkbox"/> ACCOUNTING, INVENTORY, TASK SYSTEM                            | <input type="checkbox"/> DOE (NEW, RENEWAL) REGISTRATION                   |
| <input type="checkbox"/> PCAB (NEW, RENEWAL) REGISTRATION & OTHER                      | <input type="checkbox"/> COMPLIANCE CONSULTATION                                       | <input type="checkbox"/> BUILDING, OCCUPANCY, SIGNAGE & OTHER REGISTRATION |
| <input type="checkbox"/> TRADEMARKS AND LICENSE  | <input type="checkbox"/> FDA (NEW, RENEWAL) LTO, CPR AND OTHER                         | <input type="checkbox"/> PHILGEPS (RED AND PLATINUM) REGISTRATION          |
| <input type="checkbox"/> SEC ANNUAL COMPLIANCE (GIS, MC28, EFAST)                      |  |  |

### Preferred Communication:

Viber Chat  Email  Whatsapp  Messenger