1. Complete Name of Agency/Business/Firm/Employer

2. Address of Agency/Business/Firm/Employer

3. Change/Correction of Name of Agency/Business/Firm/Employer
   Previous: ____________________________    Present: ____________________________

4. Change/Correction of Address of Agency / Office / Department / Business / Employer
   Previous: ____________________________    Present: ____________________________

5. Change of Legal Personality
   From: ____________________________    To: ____________________________
   - Single Proprietorship
   - Partnership
   - Corporation
   - Others

6. Change of Authorized Signatory
   Present:
   Name: ____________________________    Title or Position: ____________________________    Signature: ____________________________
   Previous:
   Name: ____________________________    Title or Position: ____________________________    Signature: ____________________________

7. Merger / Consolidation of Company/ies
   Name of Surviving Company: ____________________________
   Name(s) of Absorbed Company(ies): ____________________________
   (1) ____________________________
   (2) ____________________________
   (3) ____________________________

8. Temporary Suspension of Operation
   - Fire
   - Demolition
   - Bankruptcy
   - Separation of Employees
   - Others

9. Correction of Employer TIN
   From: ____________________________    To: ____________________________

10. Termination / Dissolution of Operation
    - Merger
    - Bankruptcy
    - Change of Legal Personality
    - Others

11. Change of Ownership
    Reason/s: ____________________________    From: ____________________________
             (Complete Name)
    Date of Effectivity: ____________________________ (month) ____________________________ (day) ____________________________ (year)
    To: ____________________________ (Complete Name)

12. Report on Resumption of Operation
    Date of Effectivity: ____________________________ (month) ____________________________ (day) ____________________________ (year)

I hereby certify that the above data are correct to the best of my knowledge and belief.

Date: ____________________________    Head of Agency or Authorized Representative: ____________________________    Signature: ____________________________    Title or Position: ____________________________

Note: This Form can be reproduced but is not for sale.
REMINDERS

An employer requesting for data amendment which was previously presented to the Corporation, must fill-out this form in duplicate copies together with the following supporting documents whichever is applicable:

1. CHANGE OF BUSINESS NAME
   a. Single Proprietorship
      • Certificate of Registration of Business Name from Department of Trade and Industry (DTI)
   b. Partnership
      • Amended Articles of Partnership duly received by Securities and Exchange Commission (SEC)
   c. Corporation
      • Amended Article of Incorporation duly received by Securities and Exchange Commission (SEC)
   d. Cooperative
      • Amended Article of Cooperation duly received by Cooperative Development Authority (CDA)

2. CORRECTION OF BUSINESS NAME
   a. Single Proprietorship
      • Certificate of Registration of Business Name from Department of Trade and Industry (DTI)
   b. Partnership and Corporation
      • Certificate of Registration from Securities and Exchange Commission (SEC); or
      • Articles of Partnership/incorporation duly received by SEC
   c. Cooperative
      • Certificate of Registration from Cooperative Development Authority (CDA); and
      • Articles of Cooperation duly received by CDA

3. CHANGE OF LEGAL PERSONALITY
   a. Single Proprietorship to Corporation
      • Article of Incorporation duly received by SEC; and
      • Approved application for Business Retirement as Single Proprietor
   b. Partnership to Corporation
      • Article of Incorporation duly received by SEC; and
      • Deed of Dissolution of Partnership approved by SEC

4. TEMPORARY SUSPENSION OF OPERATION
   a. Bankruptcy
      • Financial Statement or
      • Income Tax Return (ITR) for the year showing non-operation/no earnings or
      • Board Resolution
   b. Separation of employee/s
      • Report on the Separation of the last employee/s and
      • Separation paper of last employee
   c. Fire / Demolition / Flood
      • Certification from the Fire Department of the municipality, or
      • Certification from City Hall
   d. Strike
      • Notice of Strike duly license by DOLE

5. Termination / dissolution
   a. For single proprietorship
      • Approved Application of Business Retirement by the Municipal Treasurer’s Office.
   b. For Partnership or Corporation
      • Deed of Dissolution approved by the Securities and Exchange Commission (SEC) or
      • Certification of Non-Operational of Business from SEC/BIR or
      • Minutes of Meeting certified by the Corporate Secretary.
   c. Cooperative
      • Dissolution of Cooperative duly received by Cooperative Development Authority (CDA) or
      • Minutes of the meeting duly certified by the Secretary; or
      • Certification of Non-Operational of Business from CDA/BIR
   d. Death of Owner
      • Death Certificate

6. MERGER / CONSOLIDATION
   • Deed of Merger/Merger Agreement duly certified by SEC
   • Memorandum of Agreement filed with SEC.

7. CHANGE OF OWNERSHIP
   a. Sale
      • Deed of Sale/Transfer/Assignment signed by both parties, or
      • In its absence, Certification from the Registry of Deeds, if applicable
   b. Death of Managing Owner (family business)
      • Death Certificate of the managing owner and waiver from the other legal heirs

8. RESUMPTION OF OPERATION
   • Notice of Resumption of Operation from the employer, and
   • List of Employees

Note:

The registrant may submit a photocopy of any of the above-mentioned documents but the original or Certified True Copy (CTC) of the document should be presented to PhilHealth for cross checking.