

DAFNE MANSAPIT-SHIMIZU, Director Direktot MICHELE B. SANTOS, Deputy Director Segundo Direktot

NOTICE OF CANCELLATION

Name:			
Doing Business As (DBA	•		
SSN / EIN:	GRT Accour	nt Number:	
Type of License being Ca	ncelled (Please indicate Lice	nse Number):	
	e (indicate type, insurance co	•	
	nse (indicate type and compa	•	
	e (indicate type and company		
	dicate type and company		
Phone Number:	Email Add	lress:	
		Applicant Signature	
	(DO NOT TYPE BI	ELOW THIS LINE)	
The above-stated application	ant is hereby issued by tax clear	rance for issuance of New / Rene	ewal Business License.
(1) General Licensing*** Branch Stamp Below Below	(2) BPTB/GRT Branch Stamp Below	(3) ITAPB Branch Stamp Below	(4) COLLECTIONS Branch Stamp
Cleared By: Date: ***For corporations & LLCs only	Cleared By: Date:	Cleared By: Date:	Cleared By: Date: