



Republic of the Philippines  
Department of Labor and Employment  
Regional Office No. \_\_\_\_  
APPLICATION FOR AMENDMENTS

Please read the instructions carefully before filling up this application form.

Transaction Type	<input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change of Address <input type="checkbox"/> Change of Authorized Representative	To avoid delay, strictly no erasures and supply all data and necessary documents.
Type of Business Registration:	<input type="checkbox"/> Sole <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	

**BUSINESS DETAILS**

Name of Agency:		PEA License No.:	
Address of Agency:		Contact Details:	
Website Address (if applicable):			
Social Media Accounts:		E-mail:	
			Others
Type of Agency:	<input type="checkbox"/> Industry <input type="checkbox"/> Kasambahay <input type="checkbox"/> Both		

**Change of Ownership**  
- Please take note that change or transfer of ownership of a single proprietorship shall cause the automatic revocation of license (based on Art. III Sec. 7 of both DO 216 and 217).  
- In case of more than one owner to be changed, please accomplish separate form per person.

PREVIOUS	NEW
Name of Owner:	Name of Owner:
Percentage of Share:	Percentage of Share:
Amount of Share Capital:	Amount of Share Capital:
Contact Details:	Contact Details:
Address (Personal Address):	Address (Personal Address):
Position in PEA (if any):	Position in PEA (if any):
TIN:	TIN:
Sex:	Sex:
Civil Status:	Civil Status:
Citizenship:	Citizenship:

**Reason for Change of Ownership:**  
 Sold Shares  Deceased Owner / Part-Owner  Others (please specify) \_\_\_\_\_

**Change of Authorized Representative**

PREVIOUS	NEW
Name:	Name:
Address (Personal Address):	Address (Personal Address):
Contact Details:	Contact Details:
Sex:	Sex:
Civil Status:	Civil Status:
Citizenship:	Citizenship:

**Change of Address**

Within the same Region:  Yes  No

PREVIOUS	NEW
Address of Agency:	Address of Agency:
<input type="checkbox"/> Owned <input type="checkbox"/> Leased	<input type="checkbox"/> Owned <input type="checkbox"/> Leased

**Other Pertinent Changes** (please write the updated details if there is any)

**FOR DOLE USE ONLY**

Received By:	Reviewed By:
<b>Name and Designation/Date</b>	<b>Name and Designation/Date</b>
Approved By:	Receipt No.: _____
<b>Regional Director/Date</b>	Date of Issuance: _____
	Issued by: _____

**List of Documentary Requirements**

The applicant for change of ownership/ transfer of address shall submit a duly accomplished application form together with the complete requirements, as applicable:

- \*Valid NBI Clearance of the applicant owner, or the partners in case of partnership, or in case of corporation, its officers and directors; board resolution/secretary's certificate of election, and letter of appointment/contract of employment;
- Notification letter to the DOLE Regional Office with a request for reprinting of the license;
- Documentary proof of ownership, such as Transfer Certificate of Title or Contract of Lease of an office space with a floor area of at least forty (40) square meters for the exclusive use of the agency. In case of lease, the contract must be for a period of at least one (1) year with an option for renewal;
- Location map and pictures of the new office for validation of agency office space;
- Updated surety bond;
- Amended Articles of Incorporation or Partnership, in case of corporation or partnership; and
- Proof of publication of new address in conspicuous places, newspaper of local or general circulation or posting in LGU-PESO concerned.

\* for change of ownership/authorized representative