

CS No. _____ Date: _____

BUREAU OF INTERNAL REVENUE
 RDO No. _____ - _____
 REVENUE REGION NO. _____ - _____

CLAIM SLIP

You may claim the Certificate Authorizing
 Registration (CAR) on _____
 DATE

 ONETT Officer

REF: NAME OF TRANSFEROR/S: TIN:

NAME OF TRANSFEREE/S:

CS No. _____ Date: _____

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