

REGISTRATION FORM

Name of Organization	
Name of Participant/s and Designation	
Type (disability, education, children's welfare, health and nutrition, charity, etc)	
Complete Mailing Address	
Email Address	
Phone Numbers (landline)	
Mobile Numbers	
Website	
Concerns you would like to raise to the BIR	
Concerns you would like to raise to the TAX Lawyer	
Brief Description about your Organization:	