



REQUEST FOR AMENDMENT OF CERTIFICATE FORM

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Form No.	ROASD-1057
Revision No.	0
Effectivity	Jun. 29, 2026

PART A: GENERAL INSTRUCTIONS

1. Use this form to request the amendment of an existing license/accreditation registered with PAGCOR
2. Write your answers in block letters. If the information required is not applicable, write "NA"
3. Print your application form and all documentary requirements on an A4-size paper.
4. Original documents must be submitted to the ROASD Office. Applications with incomplete information / requirements will not be accepted.

Note: For any inquiries regarding your application, you may contact ROASD through : 8522 0299 local 1188 / 1189

PART B : REQUIRED ATTACHMENTS / SUPPORTING DOCUMENTS

This notification form must be accompanied by the following supporting documents:

☐ Surrender of previously issued Certificate

FOR CHANGE OF COMPANY NAME:

- ☐ Letter request for the change of company name
- ☐ Certified True Copy of amended SEC Registration
- ☐ Certified True Copy of latest General Information Sheet with beneficial owner page
- ☐ Updated BIR Certificate of Registration
- ☐ Updated Mayor's Permit / Business Permit

FOR CORRECTION OF OPERATING ADDRESS:

- ☐ Letter request for the correction of operating address
- ☐ Lease Agreement covering the corrected operating site/s
- ☐ Updated BIR Certificate of Registration (if applicable)
- ☐ Updated Mayor's Permit / Business Permit (if applicable)
- ☐ Updated Letter of No Objection (for RPP/RPSM applicant, if applicable)

PART C. NOTIFICATION DETAILS

DATE: _____

NAME OF COMPANY: _____

TYPE OF LICENSE / ACCREDITATION: _____

REASON FOR AMENDMENT: _____

TYPE OF AMENDMENT:

☐ CHANGE OF COMPANY NAME ☐ CORRECTION OF OPERATING ADDRESS

AMENDMENT DETAILS	
FROM (CURRENT COMPANY NAME / OPERATING ADDRESS)	TO (NEW COMPANY NAME / CORRECTED OPERATING ADDRESS)
1.	1.
2.	2.
3.	3.

(Note: Please use additional sheet/s if the space provided above is not sufficient)

PART D. AUTHORIZED REPRESENTATIVE

PRINTED NAME: _____

POSITION TITLE: _____

CONTACT NUMBER: _____

EMAIL ADDRESS: _____

SIGNATURE OVER PRINTED NAME