



Doing Business Data Form: Update Existing Data

An Update Form must be completed by an entity when an individual who is or was affiliated with that entity requests to be removed from the Doing Business Database, or when an entity wants to update its information. Please either type responses directly into this fillable form, or print answers by hand in black ink. Please be sure to fill out the certification box on the last page, and return the completed Update Form to the Doing Business Accountability Project, 253 Broadway, 9th floor, New York, NY 10007. **This Update Form is separate from the form distributed by agencies to collect information from entities receiving, applying for or proposing on an award, agreement or solicitation.**

This Update Form requires information to be provided on principal officers, owners and senior managers. The name and title of each person identified on the Data Form will be included in a public database of people who do business with the City of New York; no other personal information reported on this form will be disclosed to the public. **This Data Form is not related to the City's VENDEX requirements.**

Please call 212-788-8104, or email DoingBusiness@cityhall.nyc.gov with any questions. Thank you for your cooperation.

Section 1: Entity Information

Entity Name: _____

Entity EIN: _____

Date of Previous Data Form: _____

Fill out only those sections that have changed, and indicate the name of the person(s) who no longer hold positions with the entity, as requested. Do not use this form in response to an agency's request for information. Use a Data Form obtained from the agency if you are receiving, applying for or proposing on an award, agreement or solicitation.

Entity is a Non-Profit: Yes No

Entity Type: Corporation (any type) Joint Venture LLC Partnership (any type)
 Sole Proprietor Other (specify): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone : _____ Fax : _____

Email: _____

Provide your e-mail address and/or fax number in order to receive notices regarding this form by e-mail or fax.

Section 2: Principal Officers

Please provide current information for new or existing officers. If this position or its equivalent no longer exists, please check "This position no longer exists". If the person listed is replacing someone who was previously disclosed, please check "This person replaced" and fill in the name of the person being replaced so his/her name can be removed from the *Doing Business Database*, and indicate the date that the change became effective.

Chief Executive Officer (CEO) or equivalent officer

This position no longer exists

The highest ranking officer or manager, such as the CEO, President, Executive Director or sole proprietor; or, if those positions do not exist, the Chairperson of the Board.

Name: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth date: _____ Home phone #: _____

Home address: _____

This person replaced CEO: _____ On date: _____

Chief Financial Officer (CFO) or equivalent officer

This position no longer exists

The highest ranking financial officer, such as the CFO, Treasurer, Comptroller, Financial Director, or VP for Finance.

Name: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth date: _____ Home phone #: _____

Home address: _____

This person replaced CFO: _____ On date: _____

Chief Operating Officer (COO) or equivalent officer

This position no longer exists

The highest ranking operational officer, such as the COO, Chief Planning Officer, Director of Operations, or VP for Operations

Name: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth date: _____ Home phone #: _____

Home address: _____

This person replaced COO: _____ On date: _____

Section 3: Principal Owners

Please provide current information for new or existing individuals who, through stock shares, partnership agreements or other means **own or control 10% or more of the entity**. If individual owners no longer exist, please check the appropriate box below to indicate why, and skip to the next page. If the entity is owned by other companies, those companies do not need to be listed. If an owner was identified on the previous page, fill in his/her name and write "See above." If more space is needed, attach additional pages labeled "Additional Owners."

There are no longer any owners listed because (select one):

- The entity is not-for-profit There are no individual owners No owner holds 10% or more shares in the entity
 Other (explain): _____

Principal Owners (who own or control 10% or more of the entity):

Name: _____
 Office Title: _____
 Employer (if not vendor): _____
 Birth date: _____ Home phone #: _____
 Home address: _____

Name: _____
 Office Title: _____
 Employer (if not vendor): _____
 Birth date: _____ Home phone #: _____
 Home address: _____

Name: _____
 Office Title: _____
 Employer (if not vendor): _____
 Birth date: _____ Home phone #: _____
 Home address: _____

Remove the following previously-reported Principal Owners:

Name: _____ Removal date: _____
 Name: _____ Removal date: _____
 Name: _____ Removal date: _____

To list more Principal Owners, please attach additional pages.

Section 4: Senior Managers

Please provide current information for new or existing senior managers, identified by the type of transaction(s) with the City that they manage, e.g., contracts, grants, etc. Senior managers include anyone who, either by title or duties, has substantial discretion and high-level oversight regarding the solicitation, letting or administration of this type of transaction. If a senior manager has been identified on a previous page, fill in his/her name and write "See above." List individuals who are no longer senior managers at the bottom of this section.

Senior Managers:

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

This person manages: Contracts Franchises/Concessions Grants Eco Dev Agreements Pension Investments
 Buying, selling or leasing of property Charter Land Use actions

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

This person manages: Contracts Franchises/Concessions Grants Eco Dev Agreements Pension Investments
 Buying, selling or leasing of property Charter Land Use actions

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

This person manages: Contracts Franchises/Concessions Grants Eco Dev Agreements Pension Investments
 Buying, selling or leasing of property Charter Land Use actions

Remove the following previously-reported Senior Managers:

Name: _____ Removal date: _____

Name: _____ Removal date: _____

I certify that the updated information submitted on these four pages and _____ additional pages is accurate and complete. I understand that willful or fraudulent submission of a materially false statement may result in the entity being found non-responsible and therefore denied future City awards.

Name: _____

Signature: _____ Date: _____

Entity name: _____

Title: _____ Work phone #: _____