



Fill-up the Tenant Application Form

- Answer all fields as information requested are taken into consideration for concept evaluation.

**TENANT APPLICATION FORM**

Concept Sourcing Method: <input type="checkbox"/> Applied <input type="checkbox"/> Sourced			
Preferred Mall/s:			
Mall Classification: <input type="checkbox"/> Premier <input type="checkbox"/> Regular <input type="checkbox"/> Center <input type="checkbox"/> Market Mall			
<b>BUSINESS INFORMATION</b>			
Trade Name:		Industry:	TIN:
Company Name:			
Market Presence: <input type="checkbox"/> Local <input type="checkbox"/> National <input type="checkbox"/> Global			Concept / Specialty:
Business Address: (other than address in commercial center)			
Contact Person: (other than the owner, if any)		Designation:	
Telephone Number:	Mobile Number:	Email Address:	
Type of Business Organization:			
<input type="checkbox"/> Single Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Franchise	<input type="checkbox"/> Company-owned
If Partnership/Corporation:			
Name of Partners		Designation	Citizenship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
<b>OWNER INFORMATION</b>			
Name:		Telephone/Mobile Number:	Email Address:
Residential Address:			
Date of Birth:		Citizenship:	Civil Status:
Name of Spouse:			TIN (Spouse):



BUSINESS INFORMATION											
Business Ownership:		<input type="checkbox"/> Local	<input type="checkbox"/> Foreign Franchise	<input type="checkbox"/> Direct Foreign Franchise							
Target Market:		<input type="checkbox"/> AB	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E	Age Bracket:		<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-13	<input type="checkbox"/> 14-21	<input type="checkbox"/> 22-40
Merchandise Mix:											
Brief description of concept and its products:											
Area Requirement:											
<input type="checkbox"/> Shop Unit ___sqm		<input type="checkbox"/> Cart		<input type="checkbox"/> Kiosk		<input type="checkbox"/> Counter		<input type="checkbox"/> Terminal Booth		<input type="checkbox"/> Food court	
Existing Branches:											
Location			Area Size			Ave. Monthly Sales			Years in Business		
1. _____			_____			_____			_____		
2. _____			_____			_____			_____		
3. _____			_____			_____			_____		
Other Businesses:											
Business Name:											
Business Address:											
Years in Business:											

\_\_\_\_\_  
Signature over printed name and designation

\_\_\_\_\_  
Date