



BUSINESS INFORMATION		
Trade Name:		
Corporate Name:		
Business Address:		
Contact Person (other than owner, if any)	Designation:	
Telephone Number(s):		
Fax Number(s)	Mobile Number:	
Website: E-mail Address:		
Type of Business Organization:		
<input type="checkbox"/> Single Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		
Tax Identification No.		
Principal Partners/Officers/Directors:		



Name	Position	Citizenship
1		
2		
3		
4		
5		

MERCHANDISE INFORMATION		
a. Type:		
<input type="checkbox"/> Local <input type="checkbox"/> Foreign Franchise <input type="checkbox"/> Direct Foreign Retail		
b. Target Market:	Age bracket:	
c. Area requirement (in sq.m.):	Minimum	Maximum
d. Merchandise Category:		

Large Format Retail		
Fashion		
food & Beverage		
Health & Beauty		
Arts & Interior		
Specialty		
Leisure & Entertainment		
Services		
Other		

Brief description of the concept and its type of products:	
Estimated Monthly Sales:	
List of Branches (if any):	



Location Floor Area Ave. Monthly Sales Years in Business		
1		
2		
3		
OWNER INFORMATION		
Name:		
Residential Address:		
Telephone Number(s):	Mobile Number:	
Date of Birth:	Citizenship:	
Civil Status:	Name of Spouse:	

I hereby certify that all the above information is true and correct and that I authorize _____ to check the veracity of the same. I am aware that this form is only for the purpose of applying for retail space and that this is not considered as a lease agreement nor contract.

Signature over printed name

Date

