

Control No.


**LEASING'S INCOMING EXHIBITORS
LIST OF REQUIREMENTS**

Thank you for your interest in partnering with NCCC Malls!
We will be happy to welcome your application for an exhibit space and give you an opportunity to establish your retail business in any of our malls.

Please submit the initial requirements **marked with check** below:

- Letter of intent specifying:
- Line of Business
 - Area Requirement
 - Preferred Mall
- Filled-out Application Profile Form
- Company Profile with colored pictures of:
- Products/Services offered
 - Menu with range of prices (for food)
 - Store front and inner lay-out
 - Existing branch/es (if any)
- Business Permit
- BIR Certificate of Registration
- 2 Government issued valid IDs

SOLE PROPRIETORSHIP

- DTI Certificate of Registration
- Special Power of Attorney for Authorized Representative

PARTNERSHIP/CORPORATION

- SEC Certificate of Registration
- Articles of Incorporation
- Secretary's Certificate

Address application to:

SUELITA O. LONGAKIT
LEASING MANAGER
LTS MALLS, INC.

For inquiries, contact: **0995 183 5430**
slongakit@nccc.com.ph

NCCC MALL BUHANGIN

JEMBERLY A. ESCALANTE **0991 308 5304**
LEASING OFFICER jescalante@nccc.com.ph

NCCC MAIN MAGSAYSAY/CENTERPOINT/PANACAN

JEMBERLY A. ESCALANTE **0991 308 5304**
LEASING OFFICER jescalante@nccc.com.ph

NCCC MALL BAJADA

SHAIRA PAIRAT – FLORES **0939 3500 706**
LEASING OFFICER spairat@nccc.com.ph

BLESSY ORCULLO **0910 908 6761**
LEASING ASSISTANT borcullo@nccc.com.ph

NCCC MALL TAGUM/LUPON

ALLEN LOPEZ **0929 261 6844**
LEASING OFFICER alopez@nccc.com.ph

NCCC MALL PALAWAN

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APPLICATION PROFILE FORM

We wish to assist you further. Kindly fill-out the following initial information about your business and kindly leave this form to the attending associate.

TRADE NAME	
BUSINESS NAME	
BUSINESS ADDRESS	
CONTACT NUMBERS	
Telephone/Telefax: _____	Mobile: _____ E-mail Address: _____
BUSINESS TYPE	NO. OF YEARS IN BUSINESS
<input type="checkbox"/> Single Proprietorship	_____
<input type="checkbox"/> Corporation	_____
BUSINESS OWNER'S NAME	
NAME OF SPOUSE (if married)	
HOME ADDRESS	
BUSINESS REPRESENTATIVE'S NAME	
Contact No.: _____	
MERCHANDISE INFORMATION	
SOURCE	TARGET MARKET
<input type="checkbox"/> Local	_____
<input type="checkbox"/> Foreign Franchise	AGE BRACKET
<input type="checkbox"/> Direct Foreign Retail	_____
MERCHANDISE MIX	PERCENTAGE
<input type="checkbox"/> Accessories	_____
<input type="checkbox"/> Appliances/Electronics	_____
<input type="checkbox"/> Bags	_____
<input type="checkbox"/> Clothing/Apparel	_____
<input type="checkbox"/> Computers/Gadgets	_____
<input type="checkbox"/> Food Products	_____
<input type="checkbox"/> Footwear/Shoes/Sandals/Slippers	_____
<input type="checkbox"/> Pharmaceutical Products	_____
<input type="checkbox"/> Vehicle	_____
<input type="checkbox"/> Others, please specify	_____
_____	_____
AREA REQUIREMENT	
Minimum: _____ sqm	<input type="checkbox"/> Cart
Maximum: _____ sqm	<input type="checkbox"/> Exhibit Area/Set-up
	<input type="checkbox"/> Foodcove Area
	<input type="checkbox"/> Inline (Full Store Space)
	<input type="checkbox"/> Kiosk
	<input type="checkbox"/> Stall
ADDITIONAL/SPECIAL AREA REQUIREMENT (if any)	
All information disclosed in this application Profile Form are true and correct.	

Signature Above Printed Name/Date	

