

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: 09451835430  
[slongakit@nccc.com.ph](mailto:slongakit@nccc.com.ph)

NCCC MALL BUHANGIN /NCCC MAIN  
MAGSAYSAY/CENTERPOINT/PANACAN

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LEASING OFFICER [jescalante@nccc.com.ph](mailto:jescalante@nccc.com.ph)

NCCC MALL MAA

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NCCC MALL BAJADA

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PETER PAUL B. TORDIL 09079867916  
LEASING ASSISTANT [ptordil@nccc.com.ph](mailto:ptordil@nccc.com.ph)

NCCC MALL TAGUM/LUPON

PHOEBE LOU D. JUMANGIT 09091277627  
LEASING OFFICER [pldacanay@nccc.com.ph](mailto:pldacanay@nccc.com.ph)

NCCC MALL PALAWAN

JESSA AMABELLE F. BONDOC 09815090340  
LEASING OFFICER [jbondoc@nccc.com.ph](mailto:jbondoc@nccc.com.ph)

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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
Single Proprietorship 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"/> Food Cove 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	