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:
  - a. Line of Business
  - b. Area Requirement
  - c. Preferred Mall
- ☐ Filled-out Application Profile Form Company
- ☐ Profile with colored pictures of:
  - a. Products/Services offered
  - b. Menu with range of prices (for food)
  - c. Store front and inner lay-out
  - d. 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

NCCC MALL BUHANGIN /NCCC MAIN
MAGSAYSAY/CENTERPOINT/PANACAN

JEMBERLY E. ERONICO 09955117844
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NCCC MALL MAA

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NCCC MALL BAJADA

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NCCC MALL TAGUM/LUPON

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NCCC MALL PALAWAN

MARIA CAMILLE D. FRANCISCO 09692425969
LEASING OFFICER mafrancisco@nccc.com.ph

JEAN ULSON 09486284349
LEASING ASSISTANT julson@nccc.com.ph

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
Mobile: E-mail Address:
Telephone/Telefax:

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
☐ Local
☐ Foreign Franchise AGE BRACKET
☐ Direct Foreign Retail

MERCHANDISE MIX	PERCENTAGE
☐ Accessories	
☐ Appliances/Electronics	
☐ Bags	
☐ Clothing/Apparel	
☐ Computers/Gadgets	
☐ Food Products	
☐ Footwear/Shoes/Sandals/Slippers	
☐ Pharmaceutical Products	
☐ Vehicle	
☐ Others, please specify	
_____	_____

AREA REQUIREMENT

Minimum: _____sqm
Maximum: _____sqm

- ☐ Cart
- ☐ Exhibit Area/Set-up
- ☐ Food Cove Area
- ☐ Inline (Full Store Space)
- ☐ Kiosk
- ☐ Stall

ADDITIONAL/SPECIAL AREA REQUIREMENT (if any)

All information disclosed in this application Profile Form are true and correct.

_____
Signature Above Printed Name/Date