



LEASING'S INCOMING EXHIBITORS
LIST OF REQUIREMENTS



APPLICATION PROFILE FORM

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.

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.

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 LEASING OFFICER	09955117844	jescalante@nccc.com.ph
MAE CATHLEEN S. CASIDSID LEASING OFFICER	09163851689	macasidsid@nccc.com.ph
NCCC MALL MAA		
ANALYN M. PERALTA LEASING OFFICER	09658695895	aperalta@nccc.com.ph
SABRINA ANNE K. ZAPANTA LEASING ASSISTANT	09912944662	szapanta@gmail.com
FRANCESCA DOMINIQUE A. ESPINO LEASING ASSISTANT	09090023077	fespino@nccc.com.ph
NCCC MALL TAGUM/LUPON		
PHOEBE LOU D. JUMANGIT LEASING OFFICER	09942771030	pldacanay@nccc.com.ph
RHEA B. RAMIREZ LEASING ASSISTANT	09089213873	rramirez@nccc.com.ph
NCCC MALL PALAWAN		
MARIA CAMILLE D. FRANCISCO LEASING OFFICER	09692425969	mafrancisco@nccc.com.ph
JEAN ULSON LEASING ASSISTANT	09486284349	julson@nccc.com.ph

TRADE NAME
BUSINESS NAME
BUSINESS ADDRESS
CONTACT NUMBERS Telephone/Telefax: _____ Mobile: _____ E-mail Address: _____
BUSINESS TYPE Single Proprietorship Corporation
BUSINESS OWNER'S NAME
NAME OF SPOUSE (if married)
HOME ADDRESS
BUSINESS REPRESENTATIVE'S NAME Contact No.: _____
MERCHANDISE INFORMATION
SOURCE <input type="checkbox"/> Local <input type="checkbox"/> Foreign Franchise <input type="checkbox"/> Direct Foreign Retail
TARGET MARKET AGE BRACKET
MERCHANDISE MIX <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 _____
PERCENTAGE _____ _____ _____ _____ _____ _____ _____ _____
AREA REQUIREMENT Minimum: _____sqm Maximum: _____sqm
<input type="checkbox"/> Cart <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