**RETAIL PARTNER APPLICATION FORM**

|  |  |
| --- | --- |
| **Preferred Location/s:** | **Shop Type:** |
| **BUSINESS INFORMATION** |
| **Trade Name:** |
| **Industry:** | **Type of Business Organization:** |
| **Brief description of concept/specialty and merchandise mix:** |
| **OWNER INFORMATION** |
| **Full Name:** | **Birthday:** | **Citizenship:** |
| **Business Address:** | **Landline/Mobile No.:** | **E-mail Address:** |

# I certify that all the above information is true and correct to the best of my knowledge that this form given to me is only for the

# purpose of applying for retail space and that this is not considered as a lease agreement or contract:

#  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#  Signature over printed name and designation Date

**RETAIL PARTNER APPLICATION SHEET**

|  |
| --- |
| **BUSINESS INFORMATION** |
| Trade Name: |  | Date Filed: |  |
| Company Name: |  | TIN No.: |  |
| Business Address: |  |
| Type of Business: |  Sole Proprietorship Partnership Franchise Company Owned |
| Market Presence: |  Local National Global  |
| Contact Person: |   | Mobile: |  |
| Designation: |  | Tel./Fax: |  |
| Email Address: |  | Website: |  |
| **For Partnership/Corporation:** |
| Name of Partners/Board of Directors | Designation | Citizenship |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **OWNER INFORMATION** |
| Name: |  | Mobile Number: |  |
|  Residential Address: |  |
| Date of Birth: |  | Citizenship: |  |
| Status: |  Single Married Others:  |
| Spouse’s Name: |   | TIN No.: |  |
| **BUSINESS INFORMATION** |
|  Business Ownership: |  Local Foreign Franchise Direct Foreign Franchise |
|  Target Market: |  AB C D E |  Age Bracket: |  0-3 4-13 14-21 22-40 |
|  Merchandise Mix: |  |
|  Store Type: |  Inline Space Kiosk Counter Wallshop Others:\_\_\_\_\_\_\_\_\_ |
|  Area Requirement: |  Minimum: \_\_\_ sqm. Maximum: \_\_\_\_\_\_\_\_\_ sqm. |
| **List of Existing Branches & Other Businesses: *(Use extra sheet if necessary)*** |
|  Location | Area Size (sqm) | Ave. Monthly Sales | Years in Operation |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **PREFERRED LOCATION/S** |
| **METRO MANILA:****Quezon City Makati City Bonifacio Global City** Eastwood City Paseo Center/ Parkview McKinley Hill Corinthian Hills The World Center McKinley West One Beverly Place One, Two, Three Central Uptown Bonifacio The Xavier Hills Greenbelt Chancellor/ Radisson Forbes Town Broadway Centrum San Lorenzo Place El Jardin del Presidente Golf Hills**City of Manila Pasay City Mandaluyong City**  Lucky Chinatown Mall Newport City/Resorts World Manila California Garden Square  Noble Place Entertainment City Bayshore 3 **Pasig City Antipolo Cainta**  Arcovia City Eastland Heights Highland Mall **NORTHERN LUZON:**  Capital Town (San Fernando, Pampanga)**SOUTHERN LUZON:****Alabang Laguna Cavite** Alabang West Southwoods (Binan) Maple Grove (Trece Martires) The Village Square The Hamptons (Caliraya) Ecotown (Tanza)**VISAYAS:****Iloilo Bacolod Mactan/Boracay** Iloilo Business Park Bacolod Upper East Mactan Newtown  Sta. Barbara Heights Bacolod Northill Gateway Boracay Newcoast **MINDANAO:****Davao**  Davao Park District   |
| *I certify that all the above information is true and correct and that this form is given to me free of charge and only for purposes of applying for commercial space. I am aware that this is not considered as a lease contract.*  Signature over printed name Date |
| **Attachments:** |
| **PLEASE ATTACH THE FOLLOWING TOGETHER WITH THIS DOCUMENT** \*Letter of Intent \*Pictures of Existing Stores/Branches or Colored Perspective \*Company Profile and Business Proposal \*Merchandise Mix/Services (with Price Points)/Menu |
| ***NOTE: PLEASE ENSURE COMPLETENESS OF REQUIREMENTS BEFORE SUBMISSION OF APPLICATION*** |
| Received by & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |