VICTORYMALLS

717 Old Victory Compound cor Rizal Ave. ext Monumento, Caloocan City Trunkline 366-3169 / 330-5310 Fax No. 366-3169

Email address: vcmcaloocan@victorymalls.com

TENANT APPLICATION FORM

	COMPAN	IY	
TRADE NAME			INDUSTRY:
COMPANY NAME			TIN:
FORM OF BUSINESS	SOLE PROPRIETORSHIP	PARTNERSHIP	CORPORATION
HEAD OFFICE ADDRESS			
TELEPHONE NOs.	FAX NO. EMAIL ADDRESS / W		EBSITE
SSS NO.	COMMUNITY TAX CERT. NO.	DATE OF ISSUE	PLACE OF ISSUE
FRANCHISOR (if Applicant is Franchisee)	COMPANY NAME:		
	EMAIL ADDRESS:	TELEPHONE NOs.	FAX NO.
CONTRACT SIGNATORY / CONTACT PERSON			
NAME		POSITION TITLE	
RESIDENCE			
TIN	SSS NO.	CTC NO/DATE/PLACE OF ISSUE	
	OTHER APPLICANT I		
NAME OF SPOUSE	(If business is Sole Proprietorshi	p and Owner is the wife)	
TIN		ISSS NO.	
TIIN		20 20 10 3 3000 0	
BUSINESS BACKGROUND MERCHANDISE MIX (with % distribution) EXISTING BRANCHES			
PREFERRED MALLS		AREA REQUIREMENT	
VCM CALOOCAN VPS ANTIPOLO	VPM PASAY VTC BULACAN VTC LEMERY		
	OTHER BUSINESSES	7 AFFILIATES	
<u>Company Name</u>	<u>Line of Business</u>	Address	<u>Tel. No.</u>
		_	
		_	
		_	
(sign over printed name)			
Date:			
	this application form the following line of business, area requirement,		
2. Company profile	,	profession mail)	
3. Colored pictures of exist			
4. Colored pictures/brochu	res of merchandise/services		

- Menu (for food concepts)
- Proposed store design (colored perspective) 6.
- Latest audited financial statements and/or bank certification 7.
- SEC Certificate of Registration, Articles of Incorporation and By-Laws (for Corporations or Partnerships)
- 9. DTI Certificate of Registration
- 10. BIR Certificate of Registration
- 11. Franchise Agreement (if Applicant is a Franchisee)
- 12. SEC, DTI and BIR Certificates of Registration of Franchisor13. Valid government-issued ID of Contact Person with picture, signature & address (SSS/Pag-Ibig/Philhealth, TIN, Senior Citizen's ID, Voter's ID, Postal ID, Passport, Driver's License)