

WALTERMART COMMUNITY MALLS

Walter Mart Building, 8001 A EDSA, Quezon City 1105
 Trunkline: 981-0000 / 902-7700
 Fax No. 332-1132
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TENANT APPLICATION FORM

COMPANY			
TRADE NAME			INDUSTRY
COMPANY NAME			TIN
TYPE OF BUSINESS <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION			
HEAD OFFICE ADDRESS		HOME ADDRESS	
TELEPHONE NOS.	FAX NO.	EMAIL ADDRESS/ WEBSITE	
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 INFORMATION			
(If business is Sole Proprietorship and Owner is the wife)			
NAME OF SPOUSE			
TIN	SSS NO.		
BUSINESS BACKGROUND			
MERCHANDISE MIX (with % distribution)		EXISTING BRANCHES	
PREFERRED MALLS		AREA REQUIREMENT	
OTHER BUSINESSES / AFFILIATES			
<u>Company Name</u>	<u>Line of Business</u>	<u>Address</u>	<u>Tel no.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(SIGN OVER PRINTED NAME)

Please submit together with this application form the following documents:

1. Letter of Intent (specify line of businesses, area requirement, preferred mall)
2. Company profile
3. Colored pictures of existing branches
4. Colored pictures/brochures of merchandise /services
5. Menu (for food concepts)
6. Proposed store design (colored perspective)
7. Latest audited financial statements and/or bank certification
8. 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 Franchisor
13. 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)