

TENANT INFORMATION SHEET

Please accomplish this form and send it to us as soon as possible in order to facilitate the processing of the lease contract/amendment.

- (1) COMPANY/LESSEE NAME: _____
(To be indicated in the lease contract)

- (2) TRADE NAME/BUSINESS NAME: _____

- (3) COMPANY TAX IDENTIFICATION NO.: _____

- (4) OFFICIAL ADDRESS OF LESSEE: _____

- (5) FRANCHISEE: Yes No
FORM OF BUSINESS: Sole Proprietorship Partnership Corporation
IF CORPORATION: Publicly Listed Family Owned Others _____
OWNERSHIP: Filipino-Owned Foreign-Owned, country of origin _____
OPERATIONAL STATUS: More than 10 Years 2 – 10 Years Less than 2 Years
NATURE OF BUSINESS: Agricultural, Manufacturing, Service & Financial
 Retail and Wholesale, Real Estate, Others
 Weapons, Metal, Arts, Foreign Exchange & Money Charger

- (6) OWNER /AUTHORIZED SIGNATORY*: _____
Last Name, First Name and Middle Name (not middle initial)
(6a) Designation: Owner Partner Incorporator/GIS
 Authorized Signatory Others _____
(6b) Residence Address: _____
(6c) Contact Number/s: _____
(6d) Date of Birth: _____
(6e) Place of Birth: _____
(6f) Tax Identification No.: _____
(6g) Social Security No. (SSS): _____
(6h) If government employee, please indicate assigned agency and designation: _____
**If more than 1 partner/incorporator, please provide info at the second page.*

- (7) AUTHORIZED REPRESENTATIVE **: _____
(If different from the owner/authorized signatory) Last Name, First Name and Middle Name (not middle initial)
(7a) Position Title : _____
(7b) Residence Address: _____
(7c) Contact Number/s: _____
***Must provide 1 government ID (Passport, National ID, Driver's License, UMID or SSS) and company ID.*

CERTIFIED CORRECT BY:

AUTHORIZED REPRESENTATIVE
DATE: _____



PARTNER/INCORPORATOR: _____
Last Name, First Name and Middle Name (not middle initial)

(a) Designation: Owner Partner Incorporator/GIS
 Authorized Signatory Others _____

(b) Residence Address: _____

(c) Contact Number/s: _____

(d) Date of Birth: _____

(e) Place of Birth: _____

(f) Tax Identification No.: _____

(g) Social Security No. (SSS): _____

(h) If government employee, please indicate assigned agency and designation: _____

PARTNER/INCORPORATOR: _____
Last Name, First Name and Middle Name (not middle initial)

(a) Designation: Owner Partner Incorporator/GIS
 Authorized Signatory Others _____

(b) Residence Address: _____

(c) Contact Number/s: _____

(d) Date of Birth: _____

(e) Place of Birth: _____

(f) Tax Identification No.: _____

(g) Social Security No. (SSS): _____

(h) If government employee, please indicate assigned agency and designation: _____

PARTNER/INCORPORATOR: _____
Last Name, First Name and Middle Name (not middle initial)

(a) Designation: Owner Partner Incorporator/GIS
 Authorized Signatory Others _____

(b) Residence Address: _____

(c) Contact Number/s: _____

(d) Date of Birth: _____

(e) Place of Birth: _____

(f) Tax Identification No.: _____

(g) Social Security No. (SSS): _____

(h) If government employee, please indicate assigned agency and designation: _____