SM SUPERMALLS

SM Corporate Offices, Building A J. W. Diokno Boulevard, Mall of Asia Complex, Pasay City Trunkline 831-7000 or 831-8000 Fax No. 834-9577 Email address: leasing@smsupermalls.com

TENANT APPLICATION FORM

	COMPAN	IY			
TRADE NAME				INDUS	STRY :
COMPANY NAME				TIN :	
FORM OF BUSINESS	SOLE PROPRIETORSHIP		PARTNERSHIP		CORPORATION
HEAD OFFICE ADDRESS					
TELEPHONE NOs.	FAX NO. EMAIL ADDRESS / WEBSIT			EBSITE	
SSS NO.	COMMUNITY TAX CERT. NO.		DATE OF ISSUE	PL	ACE OF ISSUE
FRANCHISOR (if Applicant is Franchisee)	COMPANY NAME:				
,	EMAIL ADDRESS:	TEL	EPHONE NOs.	FA	X NO.
CONTRACT SIGNATORY / CONTACT PERSON					
NAME			SITION 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 wile)		
TIN		ISS	S NO.		
BUSINESS BACKGRO MERCHANDISE MIX (with % distribution)			STING BRANCHES		
PREFERRED MALLS			AREA REQUIREMENT		
	OTHER BUSINESSES	/ AFI	FILIATES		
Company Name	Line of Business		Address		<u>Tel. No.</u>
		_			
(sign over printed name)					
	. Hele and the effect former that follows have			Date:	
	h this application form the following line of business, area requirement				
2. Company profile			,		
 Colored pictures of exis Colored pictures/broch 	sting branches ures of merchandise/services				
5. Menu (for food concept					

- 6. Proposed store design (colored perspective)
- Proposed store design (colored perspective)
 Latest audited financial statements and/or bank certification
 SEC Certificate of Registration, Articles of Incorporation and By-Laws (for Corporations or Partnerships)
 DTI Certificate of Registration
- 10. BIR Certificate of Registration
- Franchise Agreement (if Applicant is a Franchisee)
 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)