

# 1

Please accomplish completely in typewritten form or use dark ink. Kindly submit all requirements indicated below.

**Note : Only those who have COMPLETED ALL THE REQUIREMENTS will be evaluated and kept in our active file.**

# 2

## List of Requirements:

Description of concept and target market  
List of products/merchandise mix and price points (Menu)  
Photocopy of certificate of business registration from Department of Trade and Industry (DTI) or Securities and Exchange Commission (SEC)

### With Existing Stores:

- ✓ Certified monthly gross sales from the last 12 months of operations from the shopping center management.
- ✓ 3-4 PHOTOGRAPHS OF OUTLET:  
(1 FOR STORE FRONT; 2 TO 3 FOR INNER LAY – OUT)

### For foreign/local franchise:

- ✓ Copy of Franchise Agreement Letter from Local/Foreign Franchisor
- ✓ Copy of Endorsement Letter signed by the Franchisor
- ✓ Brochure/Catalogue (1 COPY)

### For direct foreign retailers:

- ✓ Department of Trade And Industry (Dti) Document Approving Philippine Operation

# 3

Address applications to:

### **FORT BONIFACIO DEVELOPMENT CORPORATION**

Leasing and Operations Department  
2<sup>nd</sup> Floor Bonifacio Technology Center  
31<sup>st</sup> Street corner 2<sup>nd</sup> Avenue  
Bonifacio Global City, Taguig City 1634

**ON RENTAL RATES:** Rental rates are strictly confidential and will be discussed when application is seriously being considered for a space.

# 4

The applicant will be informed about the status of their application by mail, fax or email. As part of the standard procedure, an interview, product presentation or food test shall be conducted.

## 1. LOCATION REQUESTED

- |  |   |
|--|---|
| <input type="checkbox"/> Bonifacio High Street East    | <input type="checkbox"/> Two Parkade        |
| <input type="checkbox"/> Bonifacio High Street Central | <input type="checkbox"/> The Fort           |
| <input type="checkbox"/> One Bonifacio High            | <input type="checkbox"/> Crossroads         |
| <input type="checkbox"/> One Parkade                   | <input type="checkbox"/> Bonifacio Stopover |
| <input type="checkbox"/> Kidzania                      | <input type="checkbox"/> Cinema             |
| <input type="checkbox"/> OTHERS: _____                 |   |

## 2. BUSINESS INFORMATION (please fill out all spaces)

| Outlet name/Store Name:  | Business Name/Company Name:  |                                |                     |                                |                     |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |
|--|--|--------------------------------|---------------------|--------------------------------|---------------------|----------|-------|-------|-------|----------|-------|-------|-------|----------|-------|-------|-------|----------|-------|-------|-------|----------|-------|-------|-------|
| Business Address:  | Telephone Number(s):<br>Mobile Phone:  |                                |                     |                                |                     |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |
| E-mail Address/Website:  | Fax:   |                                |                     |                                |                     |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |
| Owner's Name:  | Spouse:  |                                |                     |                                |                     |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |
| Status:<br><input type="checkbox"/> Single <input type="checkbox"/> Married<br><input type="checkbox"/> Separated <input type="checkbox"/> Others:   | Home Address:<br>Telephone Number(s):  |                                |                     |                                |                     |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |
| <b>For Single Proprietorship:</b><br>Tax Identification No. (Individual) _____<br>Community Tax Cert. No. (Individual) _____   | <b>For Corporate Partnership:</b><br>Tax Identification No. (Corporate) _____<br>Community Tax Certificate No. (Corporate) _____ |                                |                     |                                |                     |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |
| If Corporation/Partnership:  |  |                                |                     |                                |                     |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |
| <table border="1"> <thead> <tr> <th>Name of Partners/Incorporators</th> <th>Title/Designation</th> <th>Community Tax Cert. No. (Ind.)</th> <th>Place/Date of Issue</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2. _____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3. _____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>4. _____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>5. _____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> |  | Name of Partners/Incorporators | Title/Designation   | Community Tax Cert. No. (Ind.) | Place/Date of Issue | 1. _____ | _____ | _____ | _____ | 2. _____ | _____ | _____ | _____ | 3. _____ | _____ | _____ | _____ | 4. _____ | _____ | _____ | _____ | 5. _____ | _____ | _____ | _____ |
| Name of Partners/Incorporators   | Title/Designation  | Community Tax Cert. No. (Ind.) | Place/Date of Issue |                                |                     |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |
| 1. _____   | _____  | _____                          | _____               |                                |                     |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |
| 2. _____   | _____  | _____                          | _____               |                                |                     |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |
| 3. _____   | _____  | _____                          | _____               |                                |                     |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |
| 4. _____   | _____  | _____                          | _____               |                                |                     |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |
| 5. _____   | _____  | _____                          | _____               |                                |                     |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |
| Corporate Person (other than owner, if any)  | Designation of Contact Person:   |                                |                     |                                |                     |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |

## 3. MERCHANDISE INFORMATION

## a. Merchandise Category

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Food               | <input type="checkbox"/> Gifts/Novelty | <input type="checkbox"/> Home Furniture/Furnishings |
| <input type="checkbox"/> Apparel            | <input type="checkbox"/> Sports        | <input type="checkbox"/> Specialty                  |
| <input type="checkbox"/> Shoes/Leathergoods | <input type="checkbox"/> Services      | <input type="checkbox"/> Car Kiosk                  |
| <input type="checkbox"/> Others: _____      |  |   |

b. Check if  Local     Foreign Franchise     Direct Foreign Retailerc. Target Market     A     B     C     D    Age: \_\_\_\_\_ years

d. Area requirement (in sqm)    minimum \_\_\_\_\_ maximum \_\_\_\_\_

List of Branches:

| Location | Product | Floor Area<br>(in square meters) | Average Monthly<br>Sales | Years in Business |
|----------|---------|----------------------------------|--------------------------|-------------------|
|          |         |                                  |                          |                   |
|          |         |                                  |                          |                   |
|          |         |                                  |                          |                   |

Other Business \_\_\_\_\_

#### REFERENCES

a) Ayala and Unilab Group of Companies

| Name  | Address | Telephone Number(s) |
|-------|---------|---------------------|
| _____ | _____   | _____               |
| _____ | _____   | _____               |

b) Personal

| Name  | Address | Telephone Number(s) |
|-------|---------|---------------------|
| _____ | _____   | _____               |
| _____ | _____   | _____               |

c) Credit Reference (Credit Co. or Bank)

| Name  | Address | Telephone Number(s) |
|-------|---------|---------------------|
| _____ | _____   | _____               |
| _____ | _____   | _____               |

I certify that all the above information is true and correct to the best of my knowledge, that this form given to me free of charges, is only for purposes of applying for commercial space. I am aware that this form is not considered as a lease agreement/contract.

\_\_\_\_\_  
Signature over printed name

\_\_\_\_\_  
Date

## important notice

**A**LL applicants undertake to give full disclosure of their company officers, partners or owners. Any change of ownership shall be disclosed to **Fort Bonifacio Development Corporation**. As used herein, the term **full disclosure** shall include not only the applicant's disclosure of the identity of company officers, partners or owners but also the disclosure of any relationship which said officers, partners or owners may have with any employee of **Fort Bonifacio Development Corporation**, whether the relationship is by consanguinity or affinity and whatever relationship exist as of the date hereof as arising subsequent thereto.

**Non-compliance** with this undertaking shall constitute **sufficient ground to reject or to terminate, cancel or not renew the lease.**

**FORT BONIFACIO DEVELOPMENT CORPORATION**

**[www.bgc.com.ph](http://www.bgc.com.ph)**