



# PHILIPPINE RETAILERS ASSOCIATION

*The Pulse and Voice of the Philippine Retail Industry*

## MEMBERSHIP APPLICATION FORM (REGULAR MEMBER)

Date of Application: \_\_\_\_\_

### I. GENERAL INFORMATION

Complete Name of Company: \_\_\_\_\_

Retail Store under this company: \_\_\_\_\_

Total number of store/branches: \_\_\_\_\_

Business Address (Pls. don't use PO Box No.):  
\_\_\_\_\_  
\_\_\_\_\_

Telephone no/s.: \_\_\_\_\_ Fax no/s.: \_\_\_\_\_

Year Established / Incorporated: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_

- Would you like to hyperlink with the PRA website?  YES  NO

Website: \_\_\_\_\_

- What made you decide to become a member of the PRA? (This must be filled up)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### II. INFORMATION ABOUT YOUR COMPANY

Type of Organization (Pls. tick one)

- Partnership
- Corporation
- Single Proprietorship
- Others (Pls. specify): \_\_\_\_\_

Business Line (Pls. tick applicable)

- Dept. Store
- Convenience Store
- Food
- Fast food/restaurant
- Appliance Store
- Furniture and furnishings
- Discounted store
- Fashion (pls. specify): \_\_\_\_\_
- Computer and Accessories
- Drug Store/Health & Beauty
- Home Builders
- Hardware
- Specialty
- others (if not specified): \_\_\_\_\_

Brief Description of your company and/or Products & Services:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Malls where you have existing outlets:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**Number of Employees:** Regular: \_\_\_\_\_ Contractual: \_\_\_\_\_

**Capitalization:** Subscribed: \_\_\_\_\_ Paid-Up: \_\_\_\_\_

Total number of branches – include all branches of all brands under the same corporate entity (Tick whichever is applicable)	
CATEGORY	NO. OF BRANCHES
<input type="checkbox"/> Dept. Stores, Supermarkets, Hypermarkets, , Convenient Store, Home Builders, Gas Stations	<input type="checkbox"/> 41-UP <input type="checkbox"/> 20-40 <input type="checkbox"/> 5-19 Branches <input type="checkbox"/> 1-4 Branches
<input type="checkbox"/> Boutiques, Chain Stores, Restaurants	<input type="checkbox"/> 80-UP <input type="checkbox"/> 60 – 79 <input type="checkbox"/> 41-59 Branches <input type="checkbox"/> 21 – 40 Branches <input type="checkbox"/> up to 20 Branches
<input type="checkbox"/> Kiosk	<input type="checkbox"/> 61 – UP <input type="checkbox"/> 41 – 60 branches <input type="checkbox"/> 21 – 39 branches <input type="checkbox"/> up to 20 branches
<input type="checkbox"/> Online retailing	

\*Please attach in a separate sheet your list of store locations (required)

### III. FOR BACKGROUND CHECKING

- Bank references:

BANK	BRANCH
1.	
2.	
3.	

- Membership in Other Associations / Organizations:

\_\_\_\_\_

- Officers (For multinational companies, pls. Indicate only your Philippine-based officers)

**Chairman:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Mobile no.:** \_\_\_\_\_

**President:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Mobile no.:** \_\_\_\_\_

**General Manager:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Mobile no.:** \_\_\_\_\_

- Does the company have any pending civil or criminal case?

Yes (Please elaborate) \_\_\_\_\_

No



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- Do you play music in your stores:  Yes  No
- If **YES**, are you licensed by **FILSCAP**?  Yes  No

#### IV. REPRESENTATION IN THE ASSOCIATION

1. **For purposes of continuity of membership, the President or Owner of the company should be the automatic Official Representative.**
2. For **MULTINATIONAL COMPANIES/ FOREIGN- BASED COMPANIES**, the **Official Representative** is the highest officer in the Philippine office
3. All fields below must be **COMPLETELY FILLED OUT**. Incomplete fields will not be processed.

Official Representative (OR): \_\_\_\_\_ Designation: \_\_\_\_\_  
 Email: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Alternate Representative (AR): \_\_\_\_\_ Designation: \_\_\_\_\_  
 Email: \_\_\_\_\_ Cell phone: \_\_\_\_\_

HR Manager: \_\_\_\_\_ Designation: \_\_\_\_\_  
 Email: \_\_\_\_\_ Cell phone: \_\_\_\_\_

#### Other contact person

Full name: \_\_\_\_\_ Designation: \_\_\_\_\_  
 Email: \_\_\_\_\_ Cell phone: \_\_\_\_\_

*Kindly tick the items below and affix your signature above your name.*

- I hereby confirm that the above information is true and correct.
- I consent to the processing of the information provided, for PRA membership approval.
- Once approved as PRA member, I consent to the processing of my basic information, indicated below to be used by PRA for communication, promotions, invitations, updates and be connected to fellow PRA members:
  1. Full Name of Official Representative and/or Alternate Representative
  2. Company Name
  3. Company Address
  4. Company Contact details, landline, mobile no. and email address

#### APPLICATION AUTHORIZED BY:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Designation: \_\_\_\_\_ Date: \_\_\_\_\_



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## V. DOCUMENTS SUBMITTED

To facilitate processing of membership, kindly submit the complete documents together with this application form. Please know that INCOMPLETE applications will not be processed.

- SEC or DTI Registration
- 5x7 picture of the store (1 Interior & Exterior shot)
- By Laws and Articles of Inc.
- 2x2 picture and resume of the Official Representative
- BIR 2303
- Of the company
- Company Profile

----- (FOR PRA USE ONLY) -----

Date Received by PRA Secretariat: \_\_\_\_\_  Original  Fax

Received by: \_\_\_\_\_

Recommended/Endorsed by: \_\_\_\_\_

Action Taken:  Approved  Disapproved

Date Accepted: \_\_\_\_\_

**Membership Dues:**      Membership Fee: P 10,000.00 (one-time assessment - 1ST YEAR ONLY)  
 Annual Dues      :P \_\_\_\_\_ (depends on the number of branches) \*\*GSR  
 Total                :P \_\_\_\_\_