



# SEARCH FOR OUTSTANDING FILIPINO RETAILERS 2016



## AGREEMENT OF THE NOMINEE

*(Only signed agreement form will be accepted as final application for OFR)*

- Agree to abide by the rules and regulations of the PRA OFR Committee;
- Be willing to give additional information required by the Board of Judges;
- Make available a senior company official for interviews, if required; and
- Indicate the willingness of the Chief Executive Officer (CEO) to appear and receive the award, if selected.

\_\_\_\_\_  
Signature Over Printed Name

Company President

## CERTIFICATION

I hereby certify that the information I have submitted are correct to the best of my knowledge. I hereby agree to abide the rules and regulations of the Outstanding Filipino Retailers Committee and Board of Judges and will make available a Senior Company Official for interviews and provide additional materials if required. I will accept the award if bestowed upon me and I agree to be present during the awarding ceremonies.

\_\_\_\_\_  
*Signature over Printed Name*

\_\_\_\_\_  
*Date*



# SEARCH FOR OUTSTANDING FILIPINO RETAILERS 2016



## OUTSTANDING FILIPINO RETAILERS CONTACT PERSON

- Please be informed that the individual stated below will be the contact person for the Search for the Outstanding Filipino Retailers.
- He/She will be the individual whom the PRA will contact should there be any questions or concerns regarding our entry for the Search.

Name \_\_\_\_\_ Signature: \_\_\_\_\_

Position: \_\_\_\_\_ Company: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Loc./Ext. \_\_\_\_\_ Cel No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_ Email: \_\_\_\_\_

Authorized by: \_\_\_\_\_  
(Signature Over Printed Name)

Position: \_\_\_\_\_

**(Pls. fill-up the form and send back to PRA, Fax: 636-0825 \* email: ncm\_philretailers@yahoo.com)**



# SEARCH FOR OUTSTANDING FILIPINO RETAILERS 2016



## APPLICATION FORM

**\*IMPORTANT: Only completely FILLED-UP application form will be accepted/considered.**

Date Received:
Received by:

**I. Basic Information:**

<b>Name of Nominated Store:</b>		
<b>Year Nominated Store Started Operations:</b>		
<b>Name of Company (if different from store name):</b>		
<b>SEC Registered Name of the Company:</b>		
<b>Year Operation Started:</b>		
<b>Address:</b>		
<b>Tel. No.:</b>	<b>Fax No.:</b>	
<b>E-mail:</b>	<b>Website</b>	
<b>Nature of Business Entity:</b>		
<input type="checkbox"/> Corporation	<input type="checkbox"/> Single Proprietorship	<b>Initial Capitalization:</b> _____
<input type="checkbox"/> Partnership	<input type="checkbox"/> Others, (Please specify)	<b>Present Capitalization:</b> _____
<b>Business Line (Product):</b> _____		
<b>Business Registration:</b>		
<b>Office</b>	<b>Date</b>	<b>Registration No.</b>
Department of Trade & Industry	_____	_____
Securities & Exchange Commission	_____	_____
Bureau of Internal Revenue	_____	_____
<b>Does the company have DTI-Certified Establishment Seal?(Bagwis Award) YES_____ NO_____</b>		
<i>*If YES, the company will automatically earn 5pts.</i>		
<i>* If NO, kindly contact DTI for more information @ 751-3233 or 897-7384</i>		
<b>Has your company/store been recognized by award-giving bodies? YES_____ NO_____</b>		
<i>If YES pls. attach a separate sheet listing the award/s, nature of the award, year received (pls. include last 2 years only) and name of the award-giving body.</i>		

**\*VERY IMPORTANT: Pls. Fill-up accurately and completely. .**

**ADDITIONAL INFORMATION:**

	<u>2013</u>	<u>2014</u>	<u>2015</u>
<b>Total Number of Stores</b>			
<b>Company-Owned</b>	_____	_____	_____
<b>Franchisee</b>	_____	_____	_____
<b>Total Floor Area</b>			
<b>Company-Owned</b>	_____	_____	_____
<b>Total Sales</b>			
<b>Company-Owned</b>	_____	_____	_____

**Categorization: For purposed of categorizing nominees based on size. Pls. TICK which is appropriate to your store based on latest Sales Volume (SMALL - - MEDIUM - - LARGE)**

**SALES**

- Small Category     P 199 Million and Below
- Medium Category    P 200 Million – P 749 Million
- Large Category      P 750 Million and Above
- Mega                    P 2 Billion Above

**Category Selection (Pls. TICK the appropriate category to which you belong to)**

- Full Line Department Store
- Hypermarket
- Supermarket
- Fashion -
  - Apparel
  - Shoes & Bags
- Food Retailer
- Services
- Home Improvement Center
- Regional Retailer
- Specialty Retailer
- Foreign Brand Retailer
  - Food
  - Non – Food
- Shopping Center of the Year
- Regional Shopping Center of the Year
- Most Promising Retailer (who have been in operations for a minimum of 2 years but less than 5 years)

**Technology Currently in Use:**

- Social Media Accounts
- Digital Presence  Others (Please Specify)
- Do you have a Website \_\_\_\_\_
- Do you have an E-com Site \_\_\_\_\_

**Do you have the following payment technologys:**

- Credit Card
- Debit Card

**NOTE: Additional Points will be added to your Score for the following. If you are a:**

- PRA member in goodstanding + 3 points (updated in annual dues)
- Active PRA member + 5 points (regularly participate/support PRA programs and projects)
- Fiscap Licensee + 1 point
- DTI Bagwis Awardee + 5 points
- CRV

**List the companies (other than suppliers) with whom you have cooperative advertising and promotions programs:**

\_\_\_\_\_

\_\_\_\_\_

**List down with a short description the various marketing campaign you have implemented in the Past year: (pls. attach additional sheet if necessary)**

\_\_\_\_\_

\_\_\_\_\_

**SUPPORTING DOCUMENTS SUBMITTED (REQUIRED): Pls. tick those you submitted for verification**

- Duly accomplished Application Form
- Company Profile & Logo (company's nominated and hires logo in a CD)
- Copy of DTI-CE Seal Certificate
- Audited Financial Statements for **FY 2013, 2014 & 2015 WITH SEC/BIR STAMP**
- Digital Photos of your nominated store (5 shots interior and 5 shots exterior – taken within 6 months)
- CD/DVD version of bid book (either as AVP or Power Point format)

**Note: Please be informed that the individual stated below will be the contact person for the Search for the Outstanding Filipino Retailers.**

Accomplished by: _____	Signature: _____
Position: _____	Company: _____
Telephone No.: _____	Fax No.: _____
E-mail: _____	Date Accomplished: _____
Signature : _____	

This Application Form is :

This Application Form is Authorized by: _____	
Position: _____	Company: _____
Telephone No.: _____	Fax No.: _____
E-mail: _____	Date Authorized: _____
Signature : _____	

**Deadline of submission of entries and requirements is on or before SEPT. 10, 2016**