



Primary Leasing Form

Company Name:.....Date...

Address:.....

Contact Person:.....

Designation:.....

Email:.....

Phone:.....

Mobile Phone:.....

a. Brand Names / Concepts:.....

b. Ownership of brand name / Concepts:
 i. Company Owned Yes..... No.....

ii. Distributor Yes..... No.....

If Yes, please indicate country of origin of brand:.....

iii. Franchise Yes..... No.....

If Yes, Please indicate country of origin:.....

(please attach information of franchisor)

c. Category:

Fashion Tailoring/ Tees Sports
 Beauty, Perfumes, Cosmetics Electronics

Entertainment Food & Beverages Shoes / Hats Household
 & Home Furnishing

Jewellery & Watches Services

Others:.....

d. Tag Market :

i. Age
Group:.....
.....

ii. Income
Range:.....
.....

iii. Sex Female Male Unisex

e. Space Requirements:

i. Minimum..... Sq.m
Sq.ft.
ii. Maximum..... Sq.m
Sq.ft.

f. Other
Comments:.....
.....
.....

Please mail or fax the completed form to the address given below
Disclaimer: Completion of this form does not guarantee any legally binding documentation in
respect of any projects

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