

Retail Space Request Form

1. Company Name : _____
2. Address : _____

3. Contact Person : _____
4. Designation : _____
5. E-mail : _____
6. Phone : _____ Fax: _____
7. Proposed Retail Store : _____
- a. Brand Name / Concept** : _____

b. Ownership of Brand Name / Concept:

- 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

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Fashion | <input type="checkbox"/> Tailors | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Beauty, Perfumes & Cosmetics | <input type="checkbox"/> Electronics | <input type="checkbox"/> Entertainment |
| <input type="checkbox"/> Food & Beverages: | <input type="checkbox"/> Services | <input type="checkbox"/> Household & Home Furnishing |
| <input type="checkbox"/> Jewellery & Watches | <input type="checkbox"/> Others _____ | |

d. Target Market:

- i. Age Group : _____
- ii. Income Ranges : _____
- iii. Sex Male Female Unisex

e. Space Requirement in sq metre:

- i. Minimum : _____ sq m
- ii. Maximum : _____ sq m
8. Other Comments : _____
- Date : _____