



SERVICED OFFICE APPLICATION FORM

(Make sure to fill all sections which have asterisk sign – *)

***SERVICED OFFICE PACKAGE** (tick box)

ABC Classic ABC Classic + ABC Executive ABC Executive +
ABC Custom

***TENANTS**

*Company:.....

Postal Address:.....

*ID Number:.....

Contact No: *Cell:.....Tel:

*Email address:.....

***NATURE OF YOUR BUSINESS**

.....

***DIRECTOR(S) AND / OWNER(S) DETAILS**

1. CEO/MD – Full name and surname:.....

Residential address:.....*Cell #.....

*ID Number:.....

*Email Address:.....*Cell #.....

2. CEO/MD – Full name and surname:.....

Residential address:.....

*ID Number:.....

*Email Address:.....

***NAME AND TELEPHONE NUMBER OF REFEREES:**

1.

2.

I confirm that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being accepted to lease office space, and I also provide consent for information regarding my records.

Signature:

Date: