



Commercial Lease Application

Unit / Shop: _____

Please fill in this commercial lease application form completely and submit it with any supporting documents (business registration, CPR, passport).

Anticipated Move-in Date: _____ Intended Lease Period: _____

BUSINESS INFORMATION

Legal Business Name: _____ Established Since: _____

Trade Name: _____ Number of Employees: _____

Business Ownership: [] Sole Proprietor [] Partnership [] Corporation [] Other

Business Purpose: _____ Gross Annual Revenue: BHD _____

Main Address: _____

Business Phone: _____ Business Email: _____

Business Fax: _____ Business URL: _____

BUSINESS RENTAL HISTORY

If you have any other branches / outlets, please provide information below:

Current Address: _____

Landlord Name: _____ Period of Occupancy _____

Landlord / Agent Contact Number: _____ Monthly Rent: BHD _____

OWNER(S) INFORMATION

1. Full Name: _____ Birth Date: _____

Contact Number: _____ Email Address: _____

CPR Number: _____

Home Address: _____

I/We declare that all the information above is accurate and complete. I/We understand and agree that if any of the information is found to be false or incomplete, the landlord will have the right to reject this application and terminate the lease agreement with immediate effect.

I/We hereby authorize the landlord to run any credit check on me/us to verify any of the above information with relevant third parties such as landlords, banks, creditors or other persons.

Applicant Signature: _____ Application Date: _____