pharos retail

TENANT APPLICATON FORM To Lease Premises / Assignment of Lease

Thank you for your enquiry regarding occupying space at In order that we may maintain he high standards of the asset, we would ask that you complete the following application and questionnaire and return same to our office for consideration.

<u>Please Note</u>: This is an application form only to lease premises and/or to take an assignment of a lease. It does not signify any acceptance by the owner of you as lessee and/or any consent to a proposed assignment of an existing lease.

As we may be in partnership for a number of years, we ask you to complete all details in full to avoid any delays.

1. PROPOSED LESSEE NAME (SOLE TRADER, PARTNERSHIP, COMPANY):

2. PROPOSED LESSEE ADDRESS (RESIDENTIAL, REGISTERED OFFICE IF COMPANY):

_____TELEPHONE: _____

3. CURRENT TRADING NAME:

4. TYPE OF BUSINESS:

5. FULL DESCRIPTION OF PRODUCTS TO BE SOLD:

6. ARE YOU A FIRST TIME RETAILER? YES \Box or NO \Box (Please tick 3)

7. PERCENTAGE OF SALES YOU WOULD EXPECT TO COMMIT ANNUALLY TO ADVERTISING YOUR STORE IN THE CENTRE:

____%

8. STATE WHAT YOU FEEL THE "POINT OF DIFFERENCE" IS THAT YOUR BUSINESS WILL OFFER OVER OTHER BUSINESSES OF A LIKE NATURE ALREADY OPERATING IN THE CENTRE:

(a)	TAL COST OF PURCHASING AN EXISTING BUSINESS (if applicable): The funds necessary to meet the above contract price are					
	represented by:					
	Cash		\$			
	Loan funds (state source)		\$			
	Leasing		\$			
	Other		\$			
	TOTAL:		\$			
(b)	In what ways can you see of improving the turnover of the current business?					
	-					
YOU	IR INDEPENDENT ESTIMATED TUR	NOVER FOR YOUR FIR	ST 12 MONTH	IS:		
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14.

15.

13. BUSINESS REFERENCES:

On assignment an owner is entitled to require the submission of 'at least two references as to the financial circumstances of the proposed assignee or sub-tenant and at least two references as to business experience of the proposed assignee or sub-tenant' (section 22.1(b) of the Retail Tenancies Reform Act).

(a)	Name of Contact:		
	Address:		
	State:		Postcode:
	Company:		
	Telephone:	Fax:	
(b)	Name of Contact:		
	Address:		
	State: _		Postcode:
	Company:		
	Telephone:	Fax:	
(C)	Name of Contact:		
	Address:		
	State:		Postcode:
	Company:		
	Telephone:	Fax:	
BAN	IKERS:		
Bran	ch address:		
Mana	ager:	Phone:	Fax:
SOL	ICITORS:		
Addr	ress:		
			Postcode:
Cont	tact:	Phone:	Fax:

	(a)	Full name:				
		Residential address:				
		State: Postcode:				
		Telephone:				
	<i>4</i> . 5					
	(b)	Full name:				
		Residential address:				
		State: Postcode:				
		Telephone:				
47	0.0145					
17.	COMP	PANY STRUCTURE (whether formed yet or proposed to be formed):				
	(a)	Date of incorporation				
		State incorporated				
	(b)	Authorised Capital:				
		shares at a normal value of \$¢ each.				
	(C)	Issued Capital:				
	. ,	shares of \$¢ each paid to				
		\$¢ per share.				
NOTE						
NOT	E:	Please attach the following to your application:				
		 A copy of your Company's last annual report or profit and loss statement and balance sheet; Certificates of Incorporation and Certificate of Registration of Business Name; and 				
		 Photographs, if you feel it may assist your submission. 				
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18. PLEASE COMPLETE THE ATTACHED ASSETS AND LIABILITIES SCHEDULE.

As you would appreciate, for us to enter into a business arrangement with you, it will be necessary to contact all references noted above.

We would suggest that you mention to the referees that we will be contacting them at some time in the future.

Thanking you for your assistance.

STATEMENT

We acknowledge that this preliminary application does not signify any contractual obligation on either party in respect of leasing premises/transfer of lease in ______.

We further understand that additional information may be required.

I/We declare that I/We, the Lessee(s) or proposed Lessee Company Directors, are not undischarged bankrupts, nor that any judgement has been recorded against the proposed Lessee Company or any of its Directors or any Estate or asset has been assigned for the benefit of creditors.

Signed: _____

Dated: ____/___/____

NAME :

ADDRESS :

ASSETS	\$ LIABILITIES	\$
Current: Cash at Bank I.B.D.'s Debtors Other Total Current Assets Real Estate 1. 2. 3. 4. Vehicles 1. 2. 3. 4. Debtors Stock in Trade Furniture Chattels TOTAL ASSETS	Current: Bank O/D	
Total Assets Less Total Liabs Net Worth		

I/We hereby certify that the above statement is true and correct and that all of the Assets and Liabilities listed therein are owned personally by me/us.

Signed	:	 Date	:	//
Signed	:	 Date	:	//