

Tenant's Contact Details

To: CapitaLand Commercial Management Pte. Ltd.

Company name:	
Unit number(s) and building name:	
Telephone number(s): <i>(For retail shops, indicate 'S' for shop unit and 'HQ' for head office)</i>	
Number of persons expected to work in the premises:	
Operating hours:	Weekday : from _____ to _____ Sat & Sun : from _____ to _____ Public holiday : from _____ to _____
Expected date of operation:	
Billing address: <i>(if different from the above)</i>	
Correspondence address: <i>(if different from the above)</i>	

Key Appointment Holders

(eg CEO, Directors, etc. Please state in descending order of priority)

S/N	Name & Designation	Mobile No.	DID	Email
1				
2				
3				

Fire Warden(s)

(list all the fire wardens, use a separate sheet if necessary)

S/N	Name & Designation	Floor/Unit No.	Mobile No.	DID	Email
1					
2					
3					

Key Personnel

S/N	Name & Designation	In charge of	Mobile No.	DID	Email
1		General Matters and Tenant Activities			
2		Primary Emergency Contact (for after office hours)			
3		Secondary Emergency Contact (for after office hours)			
4		Finance			
5		Facility Management			
6		Environmental Sustainability Matters			

I acknowledge on behalf of the company that the above information is correct and the respective persons have been informed of their respective roles and duties; the company will notify the Tenant Service Centre immediately of any change to the personnel and contact detail.

Authorised Signatory for Tenant & Company Stamp

Name and Designation of Authorised Signatory

Company Name and Unit Number

Date

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Managed by

