

Retail Space Request Form*(PLEASE PRINT CLEARLY OR TYPE)*

1. Company Name : _____
2. Company Address : _____
P.O. Box # : _____
3. Contact Person : _____
4. Designation : _____
5. E-mail : _____
6. Phone : _____ Fax: _____
7. Mobile Phone : _____
8. Website : _____

A. Brand Name / Concept

Country of Origin : _____

B. CategoryFASHION: Men Women Unisex Kids Jewellery & Watches Beauty, Perfumes & Cosmetics Sports Electronics Household & Home Furnishing
 Food & Beverages Entertainment Services
 Specialty Shop Other: _____**D. Price Profile:** Low Medium High**E. Mall Requirements:**

i) Space Requirement : min. _____ sq ft max. _____ sq ft

F. Other Comments: _____

_____**PLEASE FILL IN SEPARATE FORM FOR EACH BRAND/CONCEPT**Date _____ Please return fax on: +971 4 332 2334 or E-mail: mall@cityofarabia.ae