

# CASUAL MALL LEASING APPLICATION FORM

To make a booking and check availability, please fill in your information below. Once completed, please email [sara.gobell@chapleygroup.com.au](mailto:sara.gobell@chapleygroup.com.au). For further information please contact our Mall Leasing Executive, Sara Gobell on (08) 8254 5777.

## COMPANY DETAILS

Company Name

Description of product/service

ABN

Postal Address

Business Address

City

State

Postcode

## CLIENT INFORMATION

First Name

Last Name

Fax

Mobile

Business Phone

Email Address

## INSURANCE DETAILS

Insurance Company

Insurance Expiry Date

Public Liability Value (Minimum \$10 Million)

Policy Number (Attach Certificate of Currency)

## BOOKING DETAILS

Booking dates requested

From:

To: