

WASHINGTON PROPERTIES (BERMUDA) LIMITED

16 Church Street,
P.O. Box HM 447
Hamilton, Bermuda HM BX

Tel: (441) 295-4186

<https://www.washingtonproperties.bm>

Application for rental space

Applicant's name:

Business name (Trading as):

Main purpose of business:

Approximate space required:

Approximate number of employees:

Daily hours of business operation:

Applying for unit number:

Requested Lease Length:
(1 year, 3 years, 5 years)

Lease Start Date:

Special requirements:
(other than basic lighting, air conditioning etc.)

Telephone number:

Email address:

Current business address:

Mailing address:
(If different from above)

Credit References:

Reference:Acct #:

Reference:Acct #:

Reference:Acct #:

Bank Reference:

If space is offered to you, we will require a written reference from your bank.

Email address for general correspondence:

Email address for invoices and statements:

Business Concept:

Include a brief description of proposed business concept.

Experience and Qualifications (for retail premises):

Provide details on the years of business experience, emphasizing prior experience in shopping centres or other high traffic/high volume environments. Include the names and locations of stores operated in the prior five years; description of merchandise concepts; sales volume of existing operations for the past 3 years; and any other supporting business experience information.

- Photographs of the interior and exterior of any existing stores.
- Other information supporting the respondent’s business experience.

Tenant fit out and permits:

The premises will be delivered “as is” and it is the responsibility of the selected applicant(s) to install necessary utilities and to fit out the premises to their own requirements and at their own cost, subject to the Landlord’s prior approval and to meet all Department of Planning requirements. The selected respondent(s) are responsible for securing all necessary permits and licenses.

CREDIT POLICIES TERMS AND CONDITIONS:

I/We agree that all agency charges, legal costs, and other expenses incurred by the above-named Company in attempting to recover overdue amounts will be charged to my/our account. I/We give permission to the above-named Company to obtain information from any source to verify any statements made in this application.

Date: _____ Signature:

Please complete the appropriate section for your business.

Limited Liability Company.

Date of incorporation: Company Registration Number:

Officers:

Name: Title:

Name: Title:

Name: Title:

Name of parent company (If Applicable):

Address:

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Any other subsidiary business:

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Partnership or Sole Ownership:

Details of partners / owners:

Name: _____ Home address: _____ Date of birth: _____ Home Tel: _____

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Other businesses owned: