

Tenant Request Form

This form will be used for financial correspondence, invoicing and potential payments.

Identification

Please attach official document specifying your registration number in a trade register.

Shop name	Olof Nilsson
Shopping Center	Emporia
Contract N°	

Legal partner

Org N°/MVA N°	SE801217413501				
Email					
Name	F:a Olof Nilsson				
Address	Råvägen 66				
Postal Code	218 75	City	Tygelsjö	Country	SE

Billing information

Name	F:a Olof Nilsson				
Address	Råvägen 66				
Postal Code	218 75	City	Tygelsjö	Country	SE
Phone N°					
Email for invoice					
Email for communication					

Payment details

Please attach bank confirmation

Bank name	SWEDBANK
Bank account N°/BankGiro/PlusGiro	8214, 90342763878
SWIFT/BIC	
IBAN	
Account holders name	F:a Olof Nilsson
Land of the bank	SE

Comments

Date	
Signature	

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