

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	Centerkiosken Bryggen
Shopping Center	Bryggen
Contract N°	

Legal partner

Org N°/MVA N°	33266898		
Email	centerkioskenfields@gmail.com		
Name	Centerkiosken Fields ApS		
Address	Arne Jacobsens Allé 12		
Postal Code	2300	City København S	Country DENMARK

Billing information

Name	Centerkiosken Fields ApS		
Address	Arne Jacobsens Allé 12		
Postal Code	2300	City København S	Country DENMARK
Phone N°			
Email for invoice	centerkioskenfields@gmail.com		
Email for communication	centerkioskenfields@gmail.com		

Payment details

Please attach bank confirmation

Bank name	
Bank account	
N°/BankGiro/PlusGiro	
SWIFT/BIC	
IBAN	
Account holders name	
Land of the bank	

Comments

Date	
Signature	