

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	WOM
Shopping Center	Galleria Boulevard
Contract N°	

Legal partner

Org N°/MVA N°	5593666646		
Email			
Name	Malmö WOM AB		
Address	Kungsgatan 6		
Postal Code	21149	City	Malmö
		Country	SE

Billing information

Name	Malmö WOM AB		
Address	Kungsgatan 6		
Postal Code	21149	City	Malmö
		Country	SE
Phone N°			
Email for invoice			
Email for communication			

Payment details

Please attach bank confirmation

Bank name	BANK GIRO
Bank account N°/BankGiro/PlusGiro	58369463
SWIFT/BIC	
IBAN	
Account holders name	
Land of the bank	SE

Comments

Date	
Signature	

Tenant Request Form
