



FASHION CUBE APPLICATION

Contact: Lorraine Bester: 021 140 1044 or 082 858 8870

Email: market@tablebaymall.co.za

VENDOR INFORMATION

TRADING NAME _____

VAT NO. IF REGISTERED _____

TENANT NAME _____

IDENTIFICATION NO _____

PHYSICAL ADDRESS _____

EMAIL ADDRESS _____

CELLULAR NO. _____ WEB ADDRESS: _____

Please provide a copy of your Identification Document and proof of Residential Address

PRODUCT CATEGORY

Fashion	<input type="checkbox"/>	Vintage	<input type="checkbox"/>	Sleep /Swimwear	<input type="checkbox"/>
Accessories	<input type="checkbox"/>	Jewellery	<input type="checkbox"/>	Cosmetics / Beauty	<input type="checkbox"/>
Children's Wear	<input type="checkbox"/>	Other	<input type="checkbox"/>		

Are you the designer/manufacturer: Yes No

BRIEF OVERVIEW OF PRODUCT

Please provide a short Biography and Images with Returned Application.

CUBE SIZE = 9m² Module

PREFERRED LEASE TERM

Preferred adjusted size m²

6 Month's

12 Month's

Will you be managing your own cube? Yes No

SIGNATORY

I hereby certify that the above information is correct and true.

Date: _____ Signature: _____

OFFICE USE

Deposit: _____ Rental: _____ Turnover %: _____

Comments: _____