

BURJUMAN[®]
BUSINESS TOWER

Date: _____

**BURJUMAN CENTRE – OFFICE TOWER
PROSPECTIVE TENANT FORM**

Full Name of Contact Person: _____

Designation: _____

Company: _____

Owner's Name: _____

Postal Address: _____

Office Telephone No.: _____

Mobile No. of Contact Person: _____

E-mail Address: _____

Website: _____

No. of Offices Required / Area sq.ft/m²: _____

Preferred Location Level: _____

Level 1 to 20: _____

FOR OFFICE USE ONLY

Remarks

Please hand/ fax/e-mail this form to BurJuman Leasing Department.