



EXPRESSION OF INTEREST

SHOPPING MALL

Location Interest

Request Location

Area (in sq. ft)

Business Information

Business Name/ Company Name

Current Location	Product/Service	Floor Area	Years in this Location
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address **P.O. Box** **Code** **Town**

Tel No. Mobile No. Fax No.

Email Website

Preferred Mode of Contact

Business Registration

Nam Company/Business Name/ LLP Registration No

P.I.N No. V.A.T Cert No.

Business Type Limited Corporation Partnership Sole Proprietorship

If Corporation/Limited/Partnership

Name of Directors/Partners

ID/PP Number

- | | |
|-------------------------|----------------------|
| 1. <input type="text"/> | <input type="text"/> |
| 2. <input type="text"/> | <input type="text"/> |
| 3. <input type="text"/> | <input type="text"/> |

Contact Person

Name Designation

Mobile No. Tel No.

Email



List of other Branches

Location	Product/Service	Floor Area	Years in this Location

References

Business / Personal

Name	Contact Address	Telephone Number(s)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

DISCLAIMER:

Please be informed that this Expression of Interest form is only an invitation to treat and is therefore non-binding. If your offer is deemed preferable by the Vendor, it will then proceed to formal contract where you will be required to enter into negotiations with a view to entering into a legally binding Agreement for Sale and purchase of the Property.

Kindly note that in executing this Expression of Interest Form there may well be other interested parties submitting offers on the Property/Properties and that the Vendor retains the sole discretion as to which offer contained, if any at all, they accept.

I certify that all of the above information is correct. I also acknowledge that I am aware this form is only for purposes of applying for commercial space and not a lease agreement or contract.

In the event that the offer herein is accepted by the Vendor, I/We or My/Our Company as described above is/are prepared to pay a Deposit of 20% of the Purchase Price.

Name _____

Signature _____ Date _____

Kindly Submit this form to

Sales Office: Landmark Plaza 11th Floor, Opposite Nairobi Hospital
Tel: 0717 236892 or 0736275860

Email: sales@zfrf.co.ke
Web: www.theriverine.com