



**SEAFORD  
CENTRAL**

# Casual Mall Leasing Enquiry Form

**Company Name**

**ABN**

**Contact Name**

**Address**

**Phone**

**Mobile**

**Email**

**Dates Required**

**Site Required**

**Description of Business, Product or Service to be displayed**

(Please attach a photo of previous Casual Leasing displays if applicable)

Registered Charity  yes  no

Not For Profit Association  yes  no

## **Insurance**

The Hirer must have Public Liability Insurance for a minimum of \$20million with an insurer acceptable to the Owner. The Hirer must provide a copy of their current Public Liability Insurance to Centre Management with the return of the Casual Mall Leasing Agreement.

**This form is not a booking confirmation. The booking is confirmed once the Casual Mall Lease Agreement has been returned, signed, a copy of the Public Liability Insurance attached and payment received in full.**

**Payment must be received and cleared one week prior to the booking commencement or entry to the Centre will not be permitted. Tentative bookings will only be held for two (2) weeks.**



If you have any queries please do not hesitate to contact  
**Lisa Draffen - Centre Management**  
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