

P.O.Box: _____
 Fax: _____
 Mobile: _____
 Tel: _____
 E-Mail _____



NEW LICENCE REQUEST

• Company Name: _____ • Lic No: _____

• Facility Type: _____ • Existing License Type: _____

• Groups Name: Group (1) Code / Name: _____

Group (2) Code / Name: _____

NO	Code	Proposed Activity (New)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
Current Activities (To Be Deleted) / Comments		
For Free Zone Authority Management sign	For Free Zone Authority Recipient Request	Applicant Details Licence Holder sign
<input type="checkbox"/> No Objection <input type="checkbox"/> Awaiting / Need Correction <input type="checkbox"/> Reject	• Name • Singature & Stamp • Date:	• Name • Singature & Stamp • Date: