

MANAGER APPOINTMENT/RESIGNATION FORM

This document should be typed in English. All fields should be completed.

Company Details	
Company Name:	
License Number:	
Facility Number:	
Contact Number:	

Appointment

Resignation

Appointee/Resignee s Details	
Title:	
Forename:	
Surname:	
Country of Residence:	
Nationality:	
Date of Birth (dd/mm/yy):	

Appointee/Resignee s Contact Information	
Contact No:	
E-mail Address:	
Residential Address:	
Postal Address:	
City:	
Country:	

Authorized representative on behalf of the Company

Name:	Signature & Company Stamp
Passport/EID No.: _____ Date: _____	

I/We the undersigned hereby declare and certify that the above details are accurate and confirm that the signature/s in this request and attached board resolution (if applicable) is true and correct.

For HFZA Use Only	
_____ <i>L&L Officer</i>	_____ <i>L&L Authorized Signatory</i>