

INCREASE/DECREASE OF SHARE CAPITAL

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

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

Current Share Capital			
Current No. of Shares	Currency	Nominal Value of Each Share (AED)	Current Share Capital

Proposed Increase/Decrease in Share Capital			
No. of Shares	Currency	Nominal Value of Each Share (AED)	Share Capital

 Share Capital Increase

 Share Capital Decrease

 Rearrangement of Shares

Allotment of Shares				
Name of Shareholder	Current No. of Shares	No. of New Shares	Nominal Value of Each Share (AED)	Total No. of Shares (after allotment)
Total:				

Authorized representative on behalf of the Company

Name:	Signature & Company Stamp
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	
<hr/> L&L Officer	<hr/> L&L Authorized Signatory