

# LEASE TERMINATION FORM



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

Request Date: \_\_\_\_\_

1. License Number: \_\_\_\_\_

2. Date of Issue: \_\_\_\_\_

3. Name of Company: \_\_\_\_\_

4. Contact Number: \_\_\_\_\_

5. Facility Number: \_\_\_\_\_

6. Reason/s for Termination:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. In case of relocation, please specify new set of activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Facility's Allotted Visa: \_\_\_\_\_

\_\_\_\_\_  
Shareholder (Name & Signature)

\_\_\_\_\_  
Shareholder (Name & Signature)

\_\_\_\_\_  
Shareholder (Name & Signature)

\_\_\_\_\_  
Shareholder (Name & Signature)

\_\_\_\_\_  
Shareholder (Name & Signature)

\_\_\_\_\_  
L&L Officer

## FOR HFZA USE ONLY

Leasing & Licensing \_\_\_\_\_

Engineering & EHS \_\_\_\_\_

Visa \_\_\_\_\_

Finance & Accounts \_\_\_\_\_