

COMPANY REINSTATEMENT 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. P.O. Box Number (If preferred): _____

7. In case of relocation/downgrade, please specify new set of activities & package.:

New Package _____

New Activity/s _____

8. In case of any other amendment, please specify: _____

I / We being the Owner/Shareholder/of the above mentioned Company hereby request to reinstate the Company's lease & license subject to the approval of the Hamriyah Free Zone Authority

Shareholder (Name & Signature)

Shareholder (Name & Signature)

Shareholder (Name & Signature)

Shareholder (Name & Signature)

Shareholder (Name & Signature)

L&L Officer

FOR HFZA USE ONLY

Leasing & Licensing _____

Finance & Accounts _____

Legal Compliance _____

Chairman / Director _____