

DIRECTOR/MANAGER/SECRETARY APPOINTMENT/RESIGNATION FORM



This document should be typed in English. All fields should be completed. For appointment/resignation of Director/Secretary, Form No. 14 to be attached.

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

Appointment Resignation

Appointee/Resignee's Details	
Designation:	<input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Manager
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>