

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 _____

Visa _____

EHS _____

Finance & Accounts _____