

SUBLEASE FORM



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

Company Details (Sublessor)	
Company Name:	
License Number:	
Contact Number:	

Warehouse Plot

Proposed Subleased Area	
Facility Number:	
Total Area Size:	
Current Lease Rate:	
Area Size to Sublease:	

Company Details (Sublessee)	
Company Name:	
License Number:	
Contact Number:	

Authorized representative on behalf of the Company

Name:	Signature & Company Stamp
Date (dd/mm/yy):	

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.

L&L Officer

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Leasing & Licensing	_____	Engineering & EHS	_____
Finance & Accounts	_____	Strategies & Compliances	_____

Approved by: CHAIRMAN/DIRECTOR