Application for Share Transfer



| Request Date: | | | | | | | | | |
|------------------------------------------------------------------------------|----------------------------|------------------|---------------|----------------------------------------------------|---------------------------------|------------------|----------------------|-------------------|-------------|
| This document should be typed in E | English and all fields sho | ould be complete | ted. Original | Shareho | older's Resolution to | be attached. | | | |
| Company Name: | | | | | Contact Numb | er: | | | |
| License Number: | | | | | Incorporation | Date: | | | |
| Facility Type: | Plot □ Warehouse | □ Shop □ | □ Office | □ НВС | No: | | Size of Area | : | |
| Current Lease Rate/ m²/year: | | | | | Date of Last C of Shareholde | | | | |
| Nature of Change in Share | holding: | | | Partia | al Change | □ Comple | te Change | | |
| Are there any Mortgage on assets? | | | | Yes | | □ No | | | |
| Are there any charges/claims on shares/company/assets? | | | | Yes | | □No | | | |
| Is there any current public liability/creditors for the company? | | | | Yes | Yes 🗆 No | | | | |
| If yes, whether the proposed shareholders are aware of these? | | | these? | Yes | | □ No | | | |
| | | | 0 | nly for | Plots | | | | |
| Sale Amount/Value of Asse | ets (Only): | | | | | | | | |
| 2% of the Sales Amount/Value of Assets as Share Transfer Charges (minimum of | | | | | | | | | |
| Aed. 10,000/-) now or within 6 mont | ths is applicable (Please | attach Asset va | aluation) | | | | | | |
| If the company/seller will continue in HFZ, please mention size | | | | | | | | | |
| of new facility/package, lic | ense type and set | of activities | 5. | | | | | | |
| I/We being the owner(s) of the abo | ove-mentioned Company | hereby declare | e that subjec | t to appr | oval of Hamriyah Fi | ree Zone Authori | ty, following amendm | ents are to be in | corporated: |
| | | | Share | holder | s Change: | | | | |
| Current Sharehold | ers' Name | No. of | Value | of Proposed New Shareholders' Name No. of Value of | | | | Value of | |
| | | Share | es | | | Shares | Shares | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | = | | |
| | Total: | | | | | | Total: | | |
| | | | | | | | | | |
| Reason for Proposed Char | nges: | | | | | | | | |
| Other Amendments | | | From | | | | To | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Managed | | | | | | | | | |
| Manager(s): | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Director(s) / Secretary(s): | | | | | | | | | |
| Total Share Capital: | | | | | | | | | |
| Company Name: | | | | | | | | | |
| Financial Year: | | | | | | | | | |

Application for Share Transfer



| Authorized Signatory (as per Resolution): | | | | | | | | |
|-------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|--|--|--|--|--|
| I/We accept all previous liabilities related to the shares. | | | | | | | | |
| Current Shar | reholder(s): | New Shareholder(s): | | | | | | |
| Signature over Printed Name | Signature over Printed Name | Signature over Printed Name | Signature over Printed Name | | | | | |
| Signature over Printed Name | Signature over Printed Name | Signature over Printed Name | Signature over Printed Name | | | | | |
| Signature over Printed Name | Signature over Printed Name | Signature over Printed Name | Signature over Printed Name | | | | | |

I/We the undersigned hereby declare the above details to be accurate and confirm that the signatures in this request & attached board resolution are correct. We further declare our detailed understanding of the applicable fees and documents required for the process. In the event of any discrepancy in the above-mentioned information, the undersigned and the company will be responsible to anyone whosoever for any penal measures without any liability on Hamriyah Free Zone Authority for any approvals, which shall automatically be rescinded.

Important Notes: Please check the requirements & fees for Share Transfer on reverse. HFZA reserves the right to cancel the request after 30 days, if there is no follow-up by applicant to complete the process and fees paid will not be refunded.

| complete the process and rees par | | | |
|--------------------------------------|--------------------|------------------|--------------------------------|
| | For HFZA | Official Use Onl | y (Signature Verified) |
| | L&L Officer | | L&L Authorized Signatory |
| | | Reviewed and N | o Objection |
| F | Finance & Accounts | | Engineering (for Plots) |
| Environmental Health and Safety Dept | | | Legal Affairs |
| Comments: | | | |
| Existing Company Rate/m2/ Year: | | | |
| New Company Rate/m2/ Year: | | | Approved by: Chairman/Director |