

AUTHORIZATION CARD

FREE ZONE ADMINISTRATION



Company Name: _____

License No.: _____ Registration No.: _____

Name	Position	Signature

We acknowledge and authorize on behalf of the company that all the personnel listed above in this form are authorized to sign on behalf of the Company for free zone administration department services in front of DWCC.

Director (1)

Name: _____

Signature: _____

Director (2)

Name: _____

Signature: _____

Director (3)

Name: _____

Signature: _____

Director (4)

Name: _____

Signature: _____

Company Stamp

Dubai South Stamp & Signature