

Certificate of Authorization

Company Name: _____

Account No.: _____ License No.: _____

Location: _____ Contact No: _____

The following members of staff authored to sign documents relating to administration of employees for and on behalf of the company and to visit the Free Zone Administration office as required.

Name	Position	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following are authorized to visit the Free Zone Administration office for collection of document and to make enquiries in connection with second employees.

Name	Position	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____

Company Stamp: _____ Manager Name: _____
(Manager on the License)

Date: _____ Manager Signature: _____
(Manager on the License)