



Company Name:

## AUTHORIZATION CARD FREE ZONE ADMINISTRATION

| 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

DACC Stamp & Signature