

**Manager -Purchase Department** 

	COMPANY RE	GISTRATIO	N FORM		
☐ New Registration	New Registration		Date:		
Company Name					
Address	Mobile:	Tel:		Fax:	
	WODITE.	i ei.	i da.		
Telephone/ Mobile/ Fax No	Name:		Position:		
Company Authorized Representative	Name.		rosition.		
Activity					
Registration Fees					
		Company	Stamp	_	
	Authorized Signatory				
Requirements for registration	<u>1</u>				
<ul> <li>Duly typed SAIF Zone Re</li> </ul>					
Trade License copy of Co					
	ny for registration / renewal.				
<ul> <li>Company profile.</li> </ul>					
	and Manger & employees.				
Contract (attested by Lea	asing, Licensing & Legal Affai	irs Department) for	companies other	er than <b>Sharjah License</b> .	
Please note:					
	d only after completing the regis	tration procedures s	and payment of	ontry pace charges	
	d from the Security Department.		and payment or	entry pass charges.	
2 Entry 1 does chair be loode.	a nom the cooding Dopartmont.				
			Approv	ed	
			☐ Not App	proved	
Juma Abdalla Baharoun			AUTHOR	RIZED SIGNATURE	



## **SPECIMEN SIGNATURE FORM**

Dear Sir,				
Subject: SAIF Zone Aud	itors List			
We				
The certified Auditors, d	luly registered, as per the <u>U</u>	nited Arab Emirates Federal	Law No: 22 for the year 1995,	
Along with its regulation	ns thereof, herby request yo	u to list our office name und	der the SAIF-Zone Auditors list	
According to our profile	submitted here in the below	v:		
1. Trade Name (Ara	abic):			
2. Trade Name (Eng	glish):			
3. Address P.O Box	x:Ci	ty:Phone	:Fax:	
4. Trade License N	o:Mu	nicipality Of:	Emirate:	
5. Date of Issue:	./ / 20		Date of Expiry:/ / 20	
Authorized Signatory	<u>(s)</u> :			
Full Name	Certificate No	Designation	Specimen Signature	
	we are prepared to undertak and we are ready to pay the		nts Audit work at Sharjah Airport	
Signed by:		, Signature:		
Date / /20				
		Company S	Seal:	
Please Note: Should atta	ach Company Registration F	Form		