



## Certificate of Authorization

- Company Name:.....
- Account No:..... License No:.....
- Location:..... Contact No:.....

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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
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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
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Company Stamp:

Manager Name:.....  
(Manager on the License)

Date:

Manager Signature:.....  
(Manager on the License)