



Change of Licensed Activity Dubai Logistics City

I Full name and address of applicant company

II Type of licence

Logistics Trading Industrial Services Educational

III Licence activities to be added (*name and code from DWC FZ list*)

Name	<input type="text"/>	Code	<input type="text"/>
Name	<input type="text"/>	Code	<input type="text"/>
Name	<input type="text"/>	Code	<input type="text"/>
Name	<input type="text"/>	Code	<input type="text"/>
Name	<input type="text"/>	Code	<input type="text"/>

IV Licence activities to be deleted (*name and code from DWC FZ list*)

Name	<input type="text"/>	Code	<input type="text"/>
Name	<input type="text"/>	Code	<input type="text"/>
Name	<input type="text"/>	Code	<input type="text"/>
Name	<input type="text"/>	Code	<input type="text"/>
Name	<input type="text"/>	Code	<input type="text"/>

V Contact details

Name

Address

Phone E-mail

VI I confirm I am authorised to act on behalf of the applicant and I hereby declare that the information in this form is true and correct as at the date of signature.

Signature Day Month Year

Name Designation