APPLICATION FOR REGISTRATION FREE ZONE ESTABLISHMENT (FZE)

المنطقة الحرة بصلالة
SALALAH FREE ZONE

Before completing this application form please read the Implementing Regulation No. 1/2006, Free Zones law no. 56/2006 and Salalah Free Zone Royal Decree 62/2006

Application should be typed in capital letters, and any correction or alteration will be void.

SFZCO reserves the right to call for any documents if necessary. Each legal document has to be sealed if more than one page.

Individual Applicant ☐   Non-Individual Applicant ☐

1. Details Concerning the Applicant

Name:
_____

Address:
_____

Nationality / Place of registration:
_____

Contact Names:
_____

Tel.:   Fax: E-mail:
_____

Negotiator / Legal Representative's Name:
_____

Negotiator / Legal Representative's Address:
_____

Tel.:   Fax: E-mail:

2. Details Concerning the Free Zone Establishment (FZE)

Proposed Establishment's Name:
_____

Share Capital:
_____

Number of Shares:
_____

*Amount of each share:
_____

*(Amount of each share must be _____)

FZE Banker's Name & Address (Must be in the Sultanate of Oman)	FZE Auditor's Name & Address (Must be in the Sultanate of Oman)

Every employee is responsible for ensuring the use of the correct revision of this document

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RO 31-07-2010
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3. FZE Board of Directors

	Director	Director
Name:		
Address:		
Nationality:		
Resident in Oman:	☐ Yes ☐ No	☐ Yes ☐ No
Occupation:		

	Director/Manager (Must be in the Sultanate of Oman)	Secretary (Must be in the Sultanate of Oman)
Name :		
Address:		
Nationality:		
Resident in Oman:	☐ Yes ☐ No	☐ Yes ☐ No
Occupation:		

Notes:
If you require additional space for the names and details of the Directors, a separate sheet must be attached with the application.
(At least one Director and the secretary must be residents of Oman, addresses to be provided above).

4. Undertaking

I/We hereby declare that the implementing Regulations have been carefully reviewed and the information given in this application is accurate in all respects.

I/We hereby irrevocably undertake and agree to fully comply with all Implementing Regulations and other conditions issued from time to time by SFZCO and with the terms and conditions of any License which the said Authority may issue to the proposed Free Zone Establishment.

Name: _____

Authorised Signatory: _____   Date: /   /

For Official Use

Application / Documentation Approval:	Registration Approval:
Name:	Name:
Sign:	Sign:
Date:	Date:

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