



**SERVICES & TERMS OF PAYMENT**

13. SERVICES REQUIRED:

14. ASSET OF INTEREST:

**DECLARATION**

I certify that the above statements are true and I fully agree to the conditions under which business is to be conducted at LABIDCO's Port and Estate Facilities

APPLICANT'S SIGNATURE:

BUSINESS STAMP:

DATE:

For LABIDCO use only:-

**APPROVAL**

PERSON RECOMMENDING APPLICANT:

REMARKS:

**APPROVED**

**DATE**