

EXPRESSION OF INTEREST FORM

ADAFZ
Abu Dhabi Airport Free Zone

Name of Institution:

Address:

City:

Country:

Contact Person:

Telephone No.:

Fax No.:

Email:

Email Address:

Website:

Business activity(s):

Proposed Business Activity(s) in ADAFZ:

Facilities Required:

Type of Facility	Area	Starting Date
Office Space		
Warehouse/LIU		
Plot of Land		

Please specify if you require any special facilities or services:

Submitted by:

Name:

Designation:

Signature:

Date:

Note:

Please attach your company's profile .

Please send this form along with the required documentation to:

Abu Dhabi Airport Free Zone
P.O Box: 94449, Abu Dhabi, UAE
Tel: +9712 505 3925 / 3403
Mobile: +97150 813 4057/ 818 6905
Fax: +971-2-575 8300
Email: info@adafz.ae