

Dubai Maritime City L.L.C

P.O Box 32111
Dubai, U.A.E



Applicant Name:
[Applicant Name]

Contact Number :
[Contact Number]

Date:
[Date]

TENANCY INFORMATION

Contract Valid from:

[Date]

Contract Expiry Date: [Date]

TENANT INFORMATION

Company Name:

DMC Unit Reference:

Tenant ID:

Request Reference:

Address:

Office Contact Number:

Mobile Contact Number:

ATTACHMENT BY TENANT

DMC Allocated Load (KW):

Tenant Proposed Load (KW):

TENANT SIGN OFF

Name:

Designation:

Signature:

Date:

DMC SIGN OFF

CRM:

PDD:

Name:

Name:

Designation:

Designation:

Date:

Date: