# PART 1: (STORAGE PROVIDER TO FILL)

|  |  |  |  |
| --- | --- | --- | --- |
| (Storage Provider) | Company Name |  Phone |  Email |
|   |   |   |

 **PART 2: LESSE INFORMATION** (All Fields Must Be Filled)

|  |  |
| --- | --- |
| **COMPANY NAME:** |  |
| **COMPANY REGISTRATION NUMBER:** |  |
| Authorized Signatory’s Full Name: |  |
| Company Address: |  |
| City/State/Zip: |  |
| Country |  |
| Mobile Phone Number: |  |
| Official Email Address: |  |
| Official Website: |  |
| Bank Name :  |  |
| Bank Address: |  |

 **PART 3: (STORAGE REQUEST NAMES AND QUANTITY)**

|  |  |  |  |
| --- | --- | --- | --- |
| Port location 1: |  | Port Location 2 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Lease Start Date |  | Lease End Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Product Name: |  | Quantity |  |
| Product Name: |  | Quantity  |  |
| Product Name:Product Name: |  | Quantity  |  |
|  | Quantity |  |

# PART 4: CERTIFICATION SIGNING/STAMP (to be completed by) LESSEE

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and the attached documents (Company Registration and Authorized Signatory’s Passport color copy), and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

Lessee Name (Print) Title

Lessee Signature Date