

**APPLICATION FOR ISSUANCE OF PERMIT TO SERVICE PROVIDERS
WITHIN LAGOS FREE ZONE**

Form No:

Enterprise(s): _____

Name of Company: _____
(Company providing service)

Contact Person: _____

Phone/Email: _____

Type of Service: _____

Duration : _____

Commencement Date: _____

Completion Date: _____

For Official Use

Approved/Rejected: _____

Duration: _____

Expiry Date: _____

Issuing Officer: _____

Approved by: _____

Signature/Stamp: _____

Date: _____

Remarks: _____
