

FORM 17**(Regulation 12)****APPLICATION FORM FOR THE SURRENDER OF AN OPERATOR LICENCE****SECTION 1 - GENERAL INFORMATION**

1. Name of Applicant:	
2. Date Operator Licence Granted	
3. Office Address:	
4. Office Number:	
5. Email Address:	

SECTION 2 - REQUEST FOR SURRENDER

6. The Operator is requesting the surrender of the Operator Licence for the following Special Economic Zone:
7. The following are the reasons being presented by the Operator for the surrender of the Operator Licence:

SECTION 3 - ATTESTATION

Signature:	
Name in Block Letters:	
Position:	
Date:	
Official Seal/ Stamp:	