

**APPLICATION FORM 2
DUBAI EXPORTS EXHIBITION CENTRE**

Name of Company/Business:

Participation:

New

Existing / Number of participation:.....

Dubai Exports - Membership#:

Company/Business Address:

Telephone:

Mob:

Fax:

E-Mail:

Website:

Contact Person & Designation:

Main type of Business: Manufacturer Service Provider

Type of Exhibit Required for 1 year (please tick) :

Virtual (Electronic)

High Cube

Medium Cube

Shelves

Booth

Product Type:

Four Digit HS-Code:

I hereby declare that the particulars furnished in this form are correct and true to the best of my knowledge.

Customers Signature : _____ Date _____ Company Stamp:

DE Approval _____

Completed application form and documents should reach DUBAI EXPORTS not later than 2 weeks from the date of signing this form to the address stated below:

DUBAI EXPORTS (DE)

Business Village building, Block A, 3rd Floor,
Port Saeed, Deira - P.O. Box 123336Dubai, UAE

Tel:+971 4 4455 333;Fax:+971 4 4455 355

Email: erc@dedc.gov.ae /www.dedc.gov.ae