Declaration Form Freezone Facility Charge

Company name : _

Account no. : _____

License no. : _____



Free	Zone	Aruba	(FZA)	NV
1166	TOUR	Aluba	(FZA)	IN.V.

Year : 20

Please type or print	
The undersigned declares that total turnover ¹ over the month of	fill in corresponding month
amounted to \$AfI	fill in amount and indicate currency by checking appropriate box
The undersigned further declares to have paid Freezone Facility Charge in the amount of	fill in amount and indicate currency by checking appropriate box
Payment was made in favor of Free Zone Aruba (FZA) NV by	
Bank transfer/deposit to Cheque Cash O AB # 4002851 (only amounts under Afi. 1000,-) O CMB # 21208905	indicate payment method by checking appropriate box(es)
Aruba,, 20	
Name Signature	form should be signed by managing director or a person holding power of attorney
1. Turneuer refere to total value of pales of marshandias, each or eradily is the reserved a said	FZA office seal

I urnover refers to total value of sales of merchandise, cash or credit in the reported period, whether from export or sales to the local market, as well as the value of sales of merchandise or goods processed on behalf of third parties and the value of all services rendered, including management fees, lease income, etc. The turnover is the basis for calculating the FFC.