|  |  |  |
| --- | --- | --- |
| 1 | Name of the Company |  |
| 2 | Address |  |
| 3 | Name of the Contact person for this project, designation and contract details | Name :  Designation :  Email :  Phone :  Mobile : |
| 4 | Area required | Non- Bonded – General Area : \_\_\_\_\_\_ sq.ft  Non-Bonded – Temperature Controlled : \_\_\_\_\_ Sq.ft  Bonded – General Area : \_\_\_\_\_ Sq.ft  Bonded – Temperature Controlled : \_\_\_\_\_ Sq.ft  Total Area required : Sq.ft |
| 5 | No. of Pallets with size specifications required in the area |  |
| 6. | Do you require your own Cubical | Yes / No |
| 7. | Any other specific infrastructure required in your area |  |
| 8 | Any services required from the Logistic Agency |  |
| 9. | Any other suggestions for making this maiden project of Council successful |  |

**WAREHOUSING FACILITY AT NIGERIA**

**REQUISTION FORM**