|  |  |  |
| --- | --- | --- |
| 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.ftNon-Bonded – Temperature Controlled : \_\_\_\_\_ Sq.ftBonded – General Area : \_\_\_\_\_ Sq.ftBonded – Temperature Controlled : \_\_\_\_\_ Sq.ftTotal 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**