**DATA LEASE REQUEST FORM**

Please fill in, sign and submit this form to SHI@Staatsolie.com, copying Vikash Rambaran Mishre (vrambar@staatsolie.com).

|  |  |
| --- | --- |
| Request date: |  |
| Company: |  |
| Address: |  |
| Requestor name: |  | Position /Role: |  |
| Email: |  |
| Data request details:*[List the associated codes of the requested data as stated in the data catalog]* |

|  |  |
| --- | --- |
| Code | Cost (US$) |
| - |  |
| - |  |
| - |  |
| - |  |
| - |  |
| - |  |
|  | Total Cost (US$): |  |

 |
| Billing contact details:*[Contact where the invoice should be sent]* | *Company:*  |
| *Address:*  |
| *Attn:* |
| *Email:* |
| Recipient contact details:*[Contact where the data should be sent]* | *Company:* |
| *Address:* |
| *Attn:* |
| *Phone Number:* |
| *Email:* |
| Signature:*[The data requestor signs here]* |  |