**DATA LEASE REQUEST FORM**

Please fill in, sign and submit this form to [SHI@Staatsolie.com](mailto:SHI@Staatsolie.com), copying Vikash Rambaran Mishre ([vrambar@staatsolie.com](mailto: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]* |  | | |