

FORM 01 - COMPULSORY

HALL INDEMNITY & AUTHORISED SIGNATURES

Deadline: 9 March 2015

To : IW Pte. L	td.					
				gapore 339411	roman maga asas	
Attn : Toh Li Jur Tel : (65) 6389		rancisca Ang (M	Ms) Ema Fax		terpol-world.com	
Tei . (65) 6369 (10.10		r dx	. (05) 0505 000	LEVEL:	1
					HALL NO:	
					STAND NO:	11-F31
						21-1-14
Company Name:	HTS	RL				
Address:	VIA	AUGOLOM	B	115.15.5		
Country:	1001			Postal	0-121	
	ITAL			Code:	20121	2 22 2
Contact Person:	LUCIA	' RANA		Job Title:	ADMUNTRATIVE	
Tel: _	+39	02 290006	Marie Company of the Company	Haraka ta Calabara a sana a sana a	+39 02/63/18	3946
E-mail:	aleese	www.strazed	ue e ha	chiupteau. cau	ц	
damage to the flooring including accidental dispersants, agents or any understand that, showing of these procedures seek damage for any research and the seek d	amage) can person a uld any o es, the Eve esultant lo	aused by any a attending the E of my employee rent Manager ross or liability.	act or omission xhibition. es or assigned reserves the r	representatives fr	on therwise) of m from my company fail from working on the pr	y organisation, to comply with emises, and to
The Event Manager s However, the Event Ma at the Exhibition hall d neld responsible for an	anager sh uring the	nall not for any i build-up, exhib	reason whatso bition and disa	never is held respon mantling period. T	nsible for any loss or t he Event Manager sh	heft of exhibits
It is imperative that the respect of all costs, cla to any persons whatso during the tenancy of the	ims, dem bever cau	ands and expe	enses to which	they may be subje	ect as a result of loss of	of injury arising
Authorised Signatorion The names of the follow their contractors and signater Name	wing pers			One specimen sign		
GIANCADAO PU	m		COO		Grendel	
All III			•		HT Sri	