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| **Submission Type** | [ ]  **New** [ ]  **Update** |
| **Company Name** |  |
| **Position** | [ ]  **Shareholder** [ ]  **Director** [ ]  **Manager** [ ]  **Secretary** [ ]  **Legal Representative** |

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| **Personal Details** |
| **First Name** |  |
| **Middle Name** |  |
| **Last Name** |  |
| **Aliases Name (if applicable)** |  |
| **Passport No.** |  |
| **Passport Issue Date** |  |
| **Passport Expiry Date** |  |
| **Country of issue** |  |
| **Nationality** |  |
| **Gender** |  |
| **Date of Birth** |  |
| **Place of Birth** |  |
| **Emirates ID Number** |  |
| **Home Country ID Number** |  |

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| **Address Details in UAE** |
| **Address (Attach Address Proof)** |  |
| **PO Box No.** |  |
| **City** |  |
| **Office Phone No.** |  | **Residence Phone** |  |
| **Mobile No.** |  | **E-mail Address** |  |

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| **Address Details in Home Country (Permanent)** |
| **Residential Address****(Attach Address Proof)** |  |
| **PO Box No. / Pin Code** |  |
| **City** |  |
| **State** |  |
| **Country** |  |
| **Office Phone No.** |  | **Residence Phone** |  |
| **Mobile No.** |  | **E-mail Address** |  |

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| **Declaration** |
| I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case of any above information found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it. |
| **Specimen Signature of Applicant** | **Date** |
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| **Important Note:*** This form shall be signed in the presence of authorized ADFZ official or a Notary Public.
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| **For Abu Dhabi Free Zone Authority Use Only** |
| **RIF No.** |  |