



Submission Type	<input type="checkbox"/> New	<input type="checkbox"/> Update
For Company Name		
Position	<input type="checkbox"/> Shareholder	<input type="checkbox"/> Parent Company

## Company Details

Company Name	
Registration No.	
Date of Incorporation	
Statutory Seat (Place of Registration)	
Nationality	

## Registered Address Details

Address		
P.O Box No.		
City		
Country		
Office Phone No.		
Email Address		
Company Representative Name		
E-mail Address		
Office Phone Number	Mobile Number	

## Shareholder(s)

Full Name	Passport No. / Registration No.	Nationality	Number of Shares

## Board of Directors

Full Name	Passport No.	Nationality

## Ultimate Beneficial Owner (if applicable)

Full Name	Passport No.	Nationality



## 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.

Company Representative Signature	Date

## Important Note:

- Beneficial Owner**  
The natural person who owns or exercises effective ultimate control, directly or indirectly, over a Company or the natural person on whose behalf a Transaction is being conducted or, the natural person who exercises effective ultimate control over a legal person or legal arrangement.
- This form shall be signed in the presence of authorized ADFZ official.

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RIF No.