

## Registry Identification Form – Individual (Specimen Signature)



منطقة أبوظبي الحرة  
ABU DHABI FREE ZONE

|                 |  |
|-----------------|--|
| Submission Type | <input type="checkbox"/> New <input type="checkbox"/> Update   |
| Position        | <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Manager <input type="checkbox"/> Secretary <input type="checkbox"/> Beneficial Owner |

| 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                |  |

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

| 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  |  |



### 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 |
|---------------------------------|------|
|                                 |      |

### 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.

**For Abu Dhabi Free Zone Authority Use Only**

RIF No.