# Important information

In this form the applicant or licensee is required to disclose if any of the statutory appointments are held by a nominee appointee. This form can be used for any companies incorporated or under formation pursuant to relevant sections of ADGM Companies Regulations and ADGM Commercial Licensing Regulations.

Due to the current limitations in the Online Registry Solution, this form is to be used to confirm whether or not a nominee arrangement exists in the ADGM registered entity. Please complete relevant sections of this form provide the appropriate declaration and information, as necessary.

All fields specified or indicated by \* are mandatory

|  |  |  |
| --- | --- | --- |
| Date\* |  |  |

## Section 1: Entity Details

|  |  |  |
| --- | --- | --- |
| Registration Number |  |  |
| Entity Name\* |  |  |

## Section 2: Nominee arrangement confirmation:

|  |
| --- |
| 1. Are any of the statutory appointments fulfilled by a nominee appointee(s)? |
| Yes (Proceed to Section 3) |
| No (Proceed to Section 4) |

## Section 3: Details of individual for whom nominee appointee is holding statutory role

## Section 3.1 (if not applicable, proceed to the next sub-section)

|  |  |  |
| --- | --- | --- |
| Authorised Signatory |  |  |

### Personal Details

|  |  |  |
| --- | --- | --- |
| Provide details of the person for whom statutory appointment is held by a nominee named above | | |
| Title\* |  |  |
| Forenames\* |  |  |
| Surname\* |  |  |
| Country of Residence\* |  |  |
| Nationality\* |  |  |
| Date of Birth\* |  |  |
| Business Occupation |  |  |

### Service Address

|  |  |  |
| --- | --- | --- |
| Provide Post Box number or address at which communication may be effectively serve by postal service. | | |
| Address\* |  |  |
|  |  |  |
|  |  |  |
| P.O. Box Number |  |  |
| Post Code |  |  |
| Country\* |  |  |

## Section 3.2 (if not applicable, proceed to the next sub-section)

|  |  |  |
| --- | --- | --- |
| Director |  |  |

### Personal Details

|  |  |  |
| --- | --- | --- |
| Provide details of the person for whom statutory appointment is held by a nominee named above | | |
| Title\* |  |  |
| Forenames\* |  |  |
| Surname\* |  |  |
| Country of Residence\* |  |  |
| Nationality\* |  |  |
| Date of Birth\* |  |  |
| Business Occupation |  |  |

### Service Address

|  |  |  |
| --- | --- | --- |
| Provide Post Box number or address at which communication may be effectively serve by postal service. | | |
| Address\* |  |  |
|  |  |  |
|  |  |  |
| P.O. Box Number |  |  |
| Post Code |  |  |
| Country\* |  |  |

## Section 3.3 (if not applicable, proceed to the next sub-section)

|  |  |  |
| --- | --- | --- |
| Secretary |  |  |

### Personal Details

|  |  |  |
| --- | --- | --- |
| Provide details of the person for whom statutory appointment is held by a nominee named above | | |
| Title\* |  |  |
| Forenames\* |  |  |
| Surname\* |  |  |
| Country of Residence\* |  |  |
| Nationality\* |  |  |
| Date of Birth\* |  |  |
| Business Occupation |  |  |

### Service Address

|  |  |  |
| --- | --- | --- |
| Provide Post Box number or address at which communication may be effectively serve by postal service. | | |
| Address\* |  |  |
|  |  |  |
|  |  |  |
| P.O. Box Number |  |  |
| Post Code |  |  |
| Country\* |  |  |

# Section 4: Signature

|  |
| --- |
| I declare that the information in this application and any attachments is true and complete at the date of this form. |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |
| Name |  | Designation |  |

# Party lodging this application

### Personal Details

|  |  |  |
| --- | --- | --- |
| Provide details of the party lodging this application | | |
| Title\* |  |  |
| Forenames\* |  |  |
| Surname\* |  |  |
| Former Names\* |  |  |
| Designation\* |  |  |
| Organization\* |  |  |
| Email Address\* |  |  |
| Telephone Number\* |  |  |

### Service Address

|  |  |  |
| --- | --- | --- |
| Provide Post Box number or address at which communication may be effectively serve by postal service. | | |
| Address\* |  |  |
|  |  |  |
|  |  |  |
| P.O. Box Number |  |  |
| Post Code |  |  |
| Country\* |  |  |

# Checklist

|  |
| --- |
| Please make sure to complete all the required fields in the form and the following supporting document(s) are attached. Incorrect or incomplete application may be returned for re‐submission. If any documents are not in the English Language, they must be accompanied by a translation, certified to the satisfaction of the Registrar. Please refer to Registration Authority’s Rules on translation and authentication. |

## Required Documents

|  |  |  |
| --- | --- | --- |
| No. | Requirement | Status |
| 1. | Copy of passport of an individual or individuals listed in this form |  |

# Where to submit the form?

|  |
| --- |
| Completed form along with relevant supporting documents and upload this form in the online registry solution. |

# For Further Information, please contact us.

|  |  |
| --- | --- |
| **Telephone Number** | **Email Address** |
| +971 2 3338888 | [ra@adgm.com](mailto:ra@adgm.com) |