**ADGM Review Notes:**

**Instructions:**

* **Please fill all sections of the form carefully. Strike-off sections that are not applicable.**
* **The form must be filled by the legal entity’s authorized signatory.**

# Company Details

|  |  |
| --- | --- |
| **Company Name** |  |
|  |
| **Company License Number** |  |  |
|  |

# Beneficiary Ownership Details

I/We declare the legal entity stated in the section above is ultimately owned by:

|  |  |  |
| --- | --- | --- |
| **Company Name** | **Registered Office Address** | **Percentage of Shares in Company** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

* For publicly listed companies, details of the stock exchange or government authority that is responsible for the trading of their shares must be listed.
* Trust Companies must provide details of their Owner(s), Beneficiary/Beneficiaries, settlors that own more than 25% of the legal entity.

# Ultimate Beneficiary Ownership Details

I/We declare the following individual ultimately own the above company:

|  |  |
| --- | --- |
| **First Name** |  |
| **Middle Name** |  |
| **Last Name** |  |
| **Company** |  |
| **Date of Birth (DD/MM/YYY)** |  |
| **Nationality** |  |
| **Passport Number** |  |
| **Residential Address (Detailed)** |  |
| **Percentage of Shares in Company** |  |

*The table in this section must be filled separately for each Ultimate Beneficial Owner (UBO) of the company.*

**OR**

* I/We declare that the individual partner/shareholder mentioned in the table above is the only individual who holds 25% or more of the company directly or indirectly.

# Supporting Documents for Off-shore Jurisdictions

**Supporting documents for confirming the information given above must be attached with this form. The following documents must be attached:**

* **Share Certificates**
* **Registry Extract**
* **Memorandum and Articles of Association**
* **Confirmation from an Auditor Lawyer or Government Authority**

I/We declare that all information provided in this form is accurate and true. If any information provided in this form changes, I/We shall notify the Licensing Authority of the changes in accordance to Cabinet Resolution No.58/2020. I/We understand that if any of the provided information is inaccurate, untrue, or misleading, mine/our company license and registration will be terminated. The Licensing authority has mine/our consent to make enquiries regarding this declaration with anyone they deem necessary. I/We agree to the fact that the Licensing Authority may decline our application without providing any reason.

This form’s signatory has/have the authority needed to provide this declaration on behalf of the legal entity they represent.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  |  | **Name:** |  |
| **Signature:** |  |  | **Signature:** |  |