

RESOURCE ONBOARDING DECLARATION FORM

| PERSONAL INFORMATION | | | |
|-----------------------------|---------------------------|-----------------|---------------------------|
| Full Name (as per passport) | Click here to enter text. | | |
| Emirates ID Number | Click here to enter text. | | |
| Gender | Click here to enter text. | Mobile Number | Click here to enter text. |
| Date of Birth | Click here to enter text. | Nationality | Click here to enter text. |
| Marital Status | Click here to enter text. | Vendor / Agency | Click here to enter text. |

| DECLARATION | | | | | | | | | | | | | | |
|--|---------------------------|---------------------------------|------------------------------|--|------------------|-------------------|---------------------------------|---------------------|--|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| Do you have accurate information on your CV? (Dates, Titles, Employers, Education etc) * Please provide updated CV | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | | | | | | | | | |
| Are you a customer of First Abu Dhabi Bank (FGB or NBAD)? | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | | | | | | | | | |
| Do you have any physical disabilities? | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | | | | | | | | | |
| If Yes, Explain: Click here to enter text. | | | | | | | | | | | | | | |
| Have you previously worked in FAB (FGB/NBAD) and/or any of its associate companies? If yes, please provide details: | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | | | | | | | | | |
| Organisation | Click here to enter text. | Start Date | Click here to enter a date. | | | | | | | | | | | |
| Position | Click here to enter text. | End Date | Click here to enter a date. | | | | | | | | | | | |
| Reporting Manager Name | Click here to enter text. | Employee ID | Click here to enter text. | | | | | | | | | | | |
| <p>Please declare any relative* who are defined as PO. (Public Official are individuals, at any rank or level, associated with the following types of organisations in your country of employment or home country):</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p> <ul style="list-style-type: none"> National, regional and local governmental bodies, Government body or a wholly or partially state-owned enterprise, International organization, development banks e.g. United Nations and World Bank Central Banks Sovereign wealth Funds Royal Family Political parties, party official and candidates for any level of political office <p>(*A “Relative” is defined as someone related by blood, marriage or adoption by the employee and his/her spouse (if any) but not a distant relative. Therefore, a “relative” would include spouse, parents, brothers/sisters and their spouses, children and their spouses, grandparents, uncle/aunts and their spouses, cousins and their spouses, parents-in-law, nephews/nieces and their spouses, and grandchildren and their spouses.)</p> <p>(If yes, please provide details)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Name of relative</th> <th style="width: 15%;">Relationship type</th> <th style="width: 20%;">Name of relative's organization</th> <th style="width: 20%;">Relative's position</th> <th style="width: 20%;">Length of relationship with the relative (numerical) years</th> </tr> </thead> <tbody> <tr> <td>Click here to enter text.</td> <td>Click here to enter text.</td> <td>Click here to enter text.</td> <td>Click here to enter text.</td> <td>Click here to enter text.</td> </tr> </tbody> </table> | | | | | Name of relative | Relationship type | Name of relative's organization | Relative's position | Length of relationship with the relative (numerical) years | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Name of relative | Relationship type | Name of relative's organization | Relative's position | Length of relationship with the relative (numerical) years | | | | | | | | | | |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | | | | | | | | | |

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|---|---------------------------|------------------------------|---|---------------------------|
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Do you have relative* working in FAB and/or any of its associate companies? If yes, please provide details: | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Name | Click here to enter text. | Position | Click here to enter text. | |
| Department | Click here to enter text. | Location | Click here to enter text. | |
| Have you ever been subject to any Disciplinary or Conduct related investigation in your previous employment? If yes, what was the issue and what was the outcome?" | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Do you practice any other employment, with or without pay or in kind, outside the Bank. | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Name of Organization and type (non - profit/ for profit) | Click here to enter text. | Location of Employment | Click here to enter text. | |
| Remuneration – Benefits in cash/kind/equity | Click here to enter text. | Employment Commencement Date | Click here to enter text. | |
| I / my spouse are currently engaged, or intending to engage in a private business or partnership venture, details of which are as follows: | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Name of Organization and type (non - profit/ for profit) | Click here to enter text. | Location of Employment | Click here to enter text. | |
| Business Owner's name | Click here to enter text. | Nature of Business | Click here to enter text. | |
| Remuneration – Benefits in cash/kind/equity | Click here to enter text. | Employment Commencement Date | Click here to enter text. | |
| Ownership Type Sole Proprietorship / Partnership % of Investment | | | Sole Proprietorship / Partnership <input type="checkbox"/> Percentage of Investment: Click here to enter text. | |

| EMERGENCY CONTACT | | | |
|---------------------------|---------------------------|---------------------------|---------------------------|
| Name | Relationship | Address | Contact Number |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

DECLARATION

I hereby agree that this submission does not create any liability, commitment or responsibility on the part of FAB. I certify that all the above statements and information are true, complete and accurate. I understand that any misinterpretation made will give you the right to terminate my service without notice.

Name: _____

Signature: _____

Date: _____