

RESOURCE ONBOARDING DECLARATION FORM

PERSONAL INFORMATION			
Full Name (as per passport)	Click here to enter text. SHUBHAM SHARMA		
Emirates ID Number	Click here to enter text.		
Gender	Click here to enter text. MALE	Mobile Number	Click here to enter text. 7979016417
Date of Birth	Click here to enter text. 14/11/1997	Nationality	Click here to enter text. INDIAN
Marital Status	Click here to enter text. SINGLE	Vendor / Agency	COGNIZANT TECHNOLOGY SOLUTIONS

DECLARATION				
Do you have accurate information on your CV? (Dates, Titles, Employers, Education etc) * Please provide updated CV			YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Are you a customer of First Abu Dhabi Bank (FGB or NBAD)?			YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Do you have any physical disabilities?			YES <input type="checkbox"/>	NO <input checked="" 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 checked="" 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.	
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):			YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
<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 				
(*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.)				
(If yes, please provide details)				
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.

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 checked="" 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 checked="" type="checkbox"/>	
Do you practice any other employment, with or without pay or in kind, outside the Bank.			YES <input type="checkbox"/> NO <input checked="" 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 checked="" 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. JAGRITI SHARMA	Click here to enter text. SISTER	Click here to enter text. INDIA	Click here to enter text. 7209842265

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: SHUBHAM SHARMA

Signature: Shubham Sharma

Date: 02/06/2022