

## KYC APPLICATION FROM (Know Your Customer)

To be typed. All fields are mandatory.

### Details of Existing Company (If any). To be filled only for LLC Corp. or Branch only

Company Name:

Company Name in Arabic (as applicable):

Trade Name: (if any)

Registration Number:

Registered Office Address:

Registered office address Principal Place of Business:

Past Location:

Current Location:

Country of Origin:

P.O. Box:

Name of Contact Person:

Fax:

E-mail:

Telephone:

Mobile:

City, Country:

Activities:

### Local or Legal Contact / Representative Details (Required)

Name of Contact person:

Address:

E-mail:

P.O. Box:

Mobile:

Fax:

Telephone:

City, Country:

### Required Facilities

Select Facility Type:

☐ Warehouse

☐ Land

☐ Retail Space

☐ Commercial Office

☐ Executive Desk

☐ Furnished Office

☐ Flexi Desk

Area Required (Sq.m):

Required by (Month / Year):

### Proposed Company Structure

New Company

☐ LLC Natural (Individual)

☐ LLC Corporate (Non-Individual)

Branch

☐ Branch of a Foreign Company

☐ Branch of a UAE Based Company

☐ Branch of Free Zone company

### Proposed Trade Name ( Please provide 3 options):

(Not Required for a Branch Company)

Proposed Name of Company 1: English

: Arabic

Proposed Name of Company 2: English

: Arabic

Proposed Name of Company 3: English

: Arabic

## Segment Type:

(Each segment represents one license. Multiple segments can be selected, however each is charged independently)

☐ Industrial

☐ Trading

☐ Service

## Activity Details/Description:

(Description Should Match the Business Plan)

## Purpose and Intended Nature Questionnaire:

1. Does the company have any other operations in the UAE?

2. Is the business newly incorporated or operated?

3. Does the business have low paid-up capital?

4. Do any of the key connected persons reside outside of the UAE?

5. Does the business have any director who works for a Corporate Service Provider?

6. Do any of the key connected persons have existing companies in the UAE or outside UAE?

7. Do you or any of your relatives work in Abu Dhabi Airports Company? If yes, please specify their name and your relationship with them.

## Applicant Signature:

Name:

Position:

Date:

Signature: \_\_\_\_\_

# REGISTRATION APPLICATION FOR A LIMITED LIABILITY COMPANY (LLC)

To be filled for setting up LLC only, not applicable for branches.

A Limited Liability Company in ADAFZ is incorporated pursuant to Amiri Decree No. 5 of 2006 and regulations issued thereunder. We hereby apply for registration with ADAFZ as a Limited Liability Company.

## 1. Details Concerning the Limited Liability Company

Share Capital (amount in AED):

## 2. Details Concerning the Applicant Founders (Shareholders)<sup>1</sup>

| Name (First, Last) | Postal Address | Number of Shares | Par Value of Shares <sup>2</sup> |
|--------------------|----------------|------------------|----------------------------------|
|                    |                |                  |                                  |
|                    |                |                  |                                  |
|                    |                |                  |                                  |
|                    |                |                  |                                  |
|                    |                |                  |                                  |

## 3. Directors

| Name (First, Last) | Postal Address |
|--------------------|----------------|
|                    |                |
|                    |                |
|                    |                |
|                    |                |
|                    |                |

## 4. Manager

| Name (First, Last) | Postal Address |
|--------------------|----------------|
|                    |                |

<sup>1</sup>Minimum Share Capital is to be checked with ADAFZ Registration Team.

<sup>2</sup>Amount of each Share to be checked with ADAFZ Registration Team.

**Proposed Banker's Details (must be in Abu Dhabi)**

Name:

Branch:

**4. Undertaking**

By signing below, I/We hereby certify that I/We am an authorized party who has the capacity and authority to make this Application for Registration with ADADFZ. I/ We accept to settle all fee(s) that are applicable as a result of this Application. I / We also certify that all information provided is correct to the best of my/our knowledge, I / We further certify that I/We shall comply with all regulations in force in the ADADFZ issued pursuant to Amiri Decree No. 5 of 2006 of the Emirates of Abu Dhabi.

Name of Authorised Signatory on behalf of the Founders

Date:

**For Office Use**

Application / Documentation Approval

Application / Documentation Approval

Name:

Name:

Signature:

Signature:

Date:

Date:

**Notes:**

- \* The ADADFZ License's Manager should get ADADFZ Sponsorship Visa. (if Applicable)
- \* Application submission should be by the Shareholder / Manager / Representative or Power Of Attorney holders (Original Documents Required)
- \* Some Segments / Economic Activities will require approvals from other concerned Government Authorities.
- \* Please Submit the form to: Sales Department, Abu Dhabi Airport Free Zone, P.O. Box: 7040, Abu Dhabi, UAE
- \* Direct Sales Telephone Line: +971 2 5053425, Toll Free 8001111, Fax: +971 2 5055922, E-Mail: [info@adafz.ae](mailto:info@adafz.ae), Website: [www.adafz.ae](http://www.adafz.ae)

Please submit a separate Declaration Form for each UBO should there be more than one individual who falls under the definition of a UBO, Please attach passport copy(-ies) of the UBO(s).

I/We hereby declare that the information provided in this form is true and accurate and if such information changes, I/we will promptly notify ADADFZ Authority in writing within 15 days.

I/We acknowledge that if any information provided by me/us is subsequently found to be untrue, inaccurate or misleading ADADFZ Authority shall terminate my/our company licence and registration.

I/We hereby authorise ADADFZ Authority to make any enquiries from any person or entity it may deem necessary in connection with this declaration.

Name:

Date:

Signature: