

Section A: Company Details – Mandatory Fields

| | |
|--|---|
| 1. Company Account no. | |
| 2. Company Name | |
| 3. Entity Type – <i>Select One Only</i> | |
| <input type="checkbox"/> Offshore | <input type="checkbox"/> FZE |
| <input type="checkbox"/> FZCO | <input type="checkbox"/> PLC |
| <input type="checkbox"/> Branch of (UAE) Co. | <input type="checkbox"/> Branch of Overseas Co. |
| 4. Zone – <i>Select One Only</i> | |
| <input type="checkbox"/> JAFZA | <input type="checkbox"/> NIP |
| <input type="checkbox"/> DAZ | <input type="checkbox"/> Textile City |
| <input type="checkbox"/> Gould & Diamond Park | |
| 5. Bank Name & Address in or outside the UAE <i>(if available)</i> | |
| 6. Lawyers Name & Address in or outside the UAE <i>(if available)</i> | |
| 7. Auditors Name & Address in UAE <i>(if available)</i> | |

Section B: Ownership Details – Mandatory Fields

| | | | |
|---|---|--|--|
| 1. Type of Shareholder – <i>If there are more than One, please NOTE that all below information will be required for each Shareholder</i> | | | |
| Individual: | | Non-Individual/ or Mother Company of (Branch): | |
| Name | | Name | |
| Country of Origin | | Company Legal Type | |
| Country Code + Mobile no. | | Formation Issue Date. | |
| Email | | Formation Expiry Date | |
| Residential address | | Formation no. | |
| This Person is a PEP <i>(Was or still a PEP)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> NO | Country Code + Mobile no. | |
| Having or will have UAE resident visa | <input type="checkbox"/> Yes <input type="checkbox"/> NO | Email | |
| | | Residential address | |
| | | There is a PEP member in the co. | <input type="checkbox"/> Yes <input type="checkbox"/> NO |
| 2. Is any of the following involved in the applicant's ownership and or control structure: | | | |
| <i>Multiple selection can be Done (Only for Non-Individual Shareholder)</i> | | | |
| <input type="checkbox"/> Nominee directors | <input type="checkbox"/> Charities/ Foundation | <input type="checkbox"/> Trusts | <input type="checkbox"/> Bearer shareholders |
| <input type="checkbox"/> Complex control structures | <input type="checkbox"/> Multiple layered entities in various jurisdictions | <input type="checkbox"/> None / Not applicable | |
| Nominee directors <i>If YES, (provide below details)</i> | | Charities/Foundation <i>If YES, (provide below details)</i> | |
| | | Trusts <i>If YES, (provide below details)</i> | |

Note:

1. **Politically Exposed Person (or a family member, or a close associate of a PEP.) "PEP" need to provide:** - additional details (relation type with the PEP, Sources of income, copy of bank statement for last 3. years).
2. **UBO/Owner need to provide:** - details of the applicant's sources of income and origin of funds.

| | | | | | |
|---|--|---|--|---|--|
| Ultimate directors Name. | | Board of Directors Names. | | Name of Settlor. | |
| Nationality | | Nationality | | Name of Trustee or those holding similar positions | |
| Date of Birth | | Date of Birth | | Nationality | |
| Mobile no. | | Mobile no. | | Date of Birth | |
| Email | | Email | | Mobile no. | |
| Residential address | | Residential address | | Email | |
| This Person is a PEP <i>(Was or still a PEP)</i> | | This Person is a PEP <i>(Was or still a PEP)</i> | | Residential address | |
| | | | | This Person is a PEP <i>(Was or still a PEP)</i> | |

Section C: Ultimate Beneficial Owner “UBO” – Mandatory Fields

If there are more than One UBO, you may duplicate the section. Please NOTE that all below information will be required for each UBO.

1. UBO Details:

| | |
|--|--|
| Name (English) | |
| Nationality | |
| Country of Origin | |
| Gender | |
| Date of Birth | |
| Country of Birth | |
| Passport Number /Unified Number/ Visa Number | |
| Passport Expiry Date | |
| Passport Issue Date | |
| this Person is a PEP <i>(Was or still a PEP)</i> | |
| Date of having benefits of Owning Shares | |
| No. of Shares & value | |
| No. of Shares associated voting rights | |
| Residential address | |
| Country Code + Mobile no. & Email | |
| Is the UBO has or will have UAE resident visa? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

2. Representative Capacity of this UBO is? *Multiple selection can be done (Only for Non-Individual Shareholder)*

| | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Shareholder | <input type="checkbox"/> Managing Director / Director | <input type="checkbox"/> Secretary |
| <input type="checkbox"/> Chairman | <input type="checkbox"/> General Manager / Manager | <input type="checkbox"/> Other (please provide details) |

For Section C – In case of more UBO's, please copy & paste the table here below, including Questions 1 & 2 - All are Fields Mandatory for all UBO's.

Note:

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2. **UBO/Owner need to provide:** - details of the applicant's sources of income and origin of funds.

Section D: Business Model – Mandatory Fields

1. Who advised/ referred the applicant to establish this entity in JAFZA/other Zone? *Select One Only*

| | | | |
|--|---|--|--|
| <input type="checkbox"/> JAFZA marketing or Sales efforts/ website | <input type="checkbox"/> Corporate service provider | <input type="checkbox"/> Wealth manager/ adviser | <input type="checkbox"/> Lawyer/ Auditor |
| <input type="checkbox"/> Other (please provide additional details) | <input type="checkbox"/> Own decision/ walk-in | <input type="checkbox"/> Referred by a third party | <input type="checkbox"/> None / Not applicable |

If one of the below selected, please provide the required information as shown in the fields below

1-Wealth manager/ adviser or 2-Corporate service provider or 3-Lawyer/ Auditor

| | |
|---------------------------|--|
| Name. | |
| Nationality | |
| Country Code + Mobile no. | |
| Email | |
| Address / resides place. | |

2. The Company will have a distribution channels, or business or customers in any other jurisdictions?

Multiple selection can be done

| | | | |
|---|---|---|--|
| <input type="checkbox"/> Yes - Cross-border | <input type="checkbox"/> Yes - with other Free Zones in UAE | <input type="checkbox"/> Yes - Dominated by UAE retail market | <input type="checkbox"/> None / Not Applicable |
|---|---|---|--|

3. The Company will be involved with Customs (transaction type)? *Multiple selection can be done*

| | | | | | |
|----------------------------------|---------------------------------|------------------------------------|--|-----------------------------------|---|
| <input type="checkbox"/> Imports | <input type="checkbox"/> Export | <input type="checkbox"/> Re-Export | <input type="checkbox"/> Exports & Imports | <input type="checkbox"/> All type | <input type="checkbox"/> None/ Not Applicable |
|----------------------------------|---------------------------------|------------------------------------|--|-----------------------------------|---|

4. The company will carry on a Relevant Activity (as defined under Article 4 of the Economic Substance Regulations)? *Select One Only*

| | | | | | | |
|------------------------------------|--|--|---|--|---|--|
| <input type="checkbox"/> NO | <input type="checkbox"/> YES, (if YES is selected → please do select one or more of below activities) | | | | | |
| | <input type="checkbox"/> Distribution and service center business | | <input type="checkbox"/> Headquarters business | | <input type="checkbox"/> Insurance business | |
| | <input type="checkbox"/> Fund management business | | <input type="checkbox"/> Lease-finance business | | <input type="checkbox"/> Shipping business | |
| | <input type="checkbox"/> Intellectual Property ("IP") business | | <input type="checkbox"/> Banking business | | <input type="checkbox"/> Holding company business | |

5. What is the Type /nature of customers they will deal with? *Multiple selection can be done*

| | | | |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> Tourists / International customers | <input type="checkbox"/> UAE nationals or residents | <input type="checkbox"/> Via Broker / Agent | |
| <input type="checkbox"/> New walk-in customers | <input type="checkbox"/> Regular/ frequent customers | <input type="checkbox"/> None/ Not Applicable | <input type="checkbox"/> Legal Entity |

6. Products / services / transactions channels will be use? *Multiple selection can be done*

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| | | |
|--|---|--------------------------------|
| <input type="checkbox"/> Online sales or / and purchases | <input type="checkbox"/> Face-to-face delivery channels | <input type="checkbox"/> Phone |
| <input type="checkbox"/> E-Mail | <input type="checkbox"/> None/ Not Applicable | |

Section E: Financial Details – Mandatory Fields

1. What is the Means of payment (received or paid)? *Multiple selection can be done*

| | | |
|--|---|---|
| <input type="checkbox"/> Cash, small payments of frequent transactions | <input type="checkbox"/> Banking channels (UAE Banks) | <input type="checkbox"/> Escrow accounts |
| <input type="checkbox"/> Cash, large payments of frequent transactions | <input type="checkbox"/> by using mortgage through regulated financial institutions | <input type="checkbox"/> Hawala Dar |
| <input type="checkbox"/> Banking channels from well-regulated jurisdictions / well-known banks | <input type="checkbox"/> Exchange Office | <input type="checkbox"/> None/ Not Applicable |

2. Annual Gross Turnover for Entity? *Select one Only*

| | | |
|--|---|--|
| <input type="checkbox"/> more than AED 100 million | <input type="checkbox"/> more than AED 10 million | <input type="checkbox"/> less than AED 1 million |
| <input type="checkbox"/> Less than AED 100 million | <input type="checkbox"/> less than AED 10 million | <input type="checkbox"/> None/ Not Applicable |

3. Annual Gross Revenue? *Select one Only*

| | | |
|---|--|---|
| <input type="checkbox"/> more than AED 50 million | <input type="checkbox"/> More than AED 2 million | <input type="checkbox"/> None/ Not Applicable |
| <input type="checkbox"/> Less than AED 50 million | <input type="checkbox"/> less than AED 2 million | |

Completed By :

full name and title are Mandatory

Note:

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