

(Form- a1)

No: 2010161040979

**/ Dubai Financial Services Authority**  
**United Arab Emirates Bio-Data Request Form.**

**AFFIX**  
**PASSPORT**  
**PHOTOGRAPHY**  
**HERE**

<b>SECTION A: IDENTIFICATION</b>	
1. Name of Applicant	
Last Name:	
First Name:	
Middle Name:	
Title: (Mr. ( ) Mrs. ( ) Miss ( ) Ms. ( ) Dr. ( ) Sir. ( )	
Maiden Name:	
2. Country of Birth: Date of Birth:	
3. Nationality/Citizenship (Country):	
Do you have more than one Nationality/Citizenship? (Yes/No)	
If yes, please list all other Nationalities:	
4. Passport/ Identification Document	
Document Type:	
Document No.	
Country of Issue:	
Issue date:	
Expiry Date:	
5. United Arab Emirates Resident Status (Check which one applies)(attach supporting documentation)	
Citizen (including Naturalized Citizen)	
Non-Resident:	
Other (please specify):	
6. Other Resident Status	
Do you hold legal residency in a country outside of The United Arab Emirates? (Yes/ No)	
If yes please list other countries of residence	
A:	
B:	
C:	
D:	
<b>SECTION B: ADDRESS / CONTACT</b>	
7. Residential Address:	
Apartment No.:	

City/Town:
State/Prov/Island:
Country:
8. Mailing Address:
(If different from above)
P.O. Box:
Street:
Apartment No.:
City/Town:
State/Prov/Island:
Country:
9 Other Contact information
Home:
Work :
Mobile :
Email Address:

### SECTION C: FOREIGN BANK/FINANCIAL INSTITUTION INFORMATION

10. Please list the names and addresses of all Foreign Banks/Institutions for which you will require separate permits. This section will permit international Wire transfer access from the non-residential premium account as will be approved by the [REDACTED].

Institution	Address

### SECTION D: RELATIONSHIP INFORMATION DECLARATION

- i. I confirm that the information in this Form is true, complete and accurate.
- ii. I confirm that I am the beneficial owner of all assets disclosed on this form, including where those assets are listed in an entity or vehicles other than my name.
- iii. I agree to inform the [REDACTED] in conjunction with [REDACTED] any changes to information disclosed on this Form.
- iv. I understand that the completion of this Form and approval by the [REDACTED] in conjunction with [REDACTED] shall not be construed as permission fund or operate foreign currency accounts other than in accordance with Exchange Control regulations or policies, as may be reviewed and amended from time to time.

- v. I confirm that the [REDACTED] in conjunction with [REDACTED] may obtain independent verification of information provided in this Form.

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

**Date:** \_\_\_\_\_  
(m/d/yyyy)

**SECTION E: FOR OFFICIAL USE ONLY**

Note that, the applicant is expected to tender copy of prove of source of funds.

If assets are held in any name other than the applicant, the applicant should be able to show that they are the ultimate beneficial owner. State "Applicant" if account is applicant's name.

The [REDACTED] in conjunction with [REDACTED] ill accept any Funds declaration Certificate from the applicant domicile Central Bank. Outside that, a written application with this form should be tender and the application fee for Funds declaration paid in line with the [REDACTED] policy.