## مؤسسة محيثة دبي للطيران DUBAI AVIATION CITY CORPORATION



Declaration of the Beneficial Owner								
Date:								
Con	npany Name:		Company License #:					
Company Type:			Company Address:					
l th	e undersigned,		, in my capacity as the ,					
for	the purpose of fulfilling the requir	ements of the Beneficia	l Owner (BO) Information in ac	cordance with the UAE Federal				
Decree by Law No. (20) of 2018 on Anti-Money Laundering and Combating Financing of Terrorism and Illegal Organizations								
(AML Law), the Cabinet Resolution No. (10) of 2019, concerning the Implementation of the AML Law, and Cabinet Resolution								
No. (58) of 2020 Regulating Beneficial Owner Procedures (BO Resolution);								
HEREBY DECLARE and UNDERTAKE the Following;								
1- The information contained herein, are true, accurate and up-to-date;								
2- My full responsibility towards the implementation of all relevant applicable laws, regulations, policies and procedures								
	when handling BO Information;							
	3- all BO information submitted in this declaration are not acting on behalf of any third party (lawyers, agents, Corporate							
	Service Providers, Nominees	)						
Section A: List of all Beneficial Owners (BO) who are natural persons as per the BO Resolution, please complete this								
Section A with the following details: Name, Nationality, Passport No, Date of Birth, Gender, UAE ID #, Address, Contact								
Nu	mber, Status of BO ownership/com	ntrol.						
	Name:		Address:					
	Passport #:		UAE ID #:					
1	Nationality:	Gender:	Contact #:	Date of Birth:				
	Status of BO ownership/control:							
	Name:		Address:					
	Passport #:		UAE ID #:					
2	Nationality:	Gender:	Contact #:	Date of Birth:				
	Status of BO ownership/control:							
	Name:		Address:					
	Passport #:		UAE ID #:					
3	Nationality:	Gender:	Contact #:	Date of Birth:				
	Status of BO ownership/control:							

## ه وُسسة هدينة دي الطيران DUBAI AVIATION CITY CORPORATION



Name:   Address:     Passport #:   UAE ID #:     A   Nationality:   Gender:   Contact #:   Date of Birth:     Status of BO ownership/control:   Status of BO ownership/control:   Status of BO ownership/control:     Section B: Where the entity has any Beneficial Owners that are designated as Exempt Entity (Listed in Stock Market/ Government Entity) please complete this Section B with the following details: Company Name, Registration Address and No, Reason for Exemption, Date of Incorporation, and Place of Registration.     1   Company name:   Date of Incorporation:     1   Reason for Exemption:   Place of Registration:     Registration Address and # :   Date of Incorporation:     2   Reason for Exemption:   Place of Registration:     3   Reason for Exemption:   Place of Registration:     4   Ompany name:   Date of Incorporation:     3   Reason for Exemption:   Place of Registration:     4   Registration Address and # :   Section C. Applies if the shareholders are not natural person: Attach the Company ownership Structure and details of the Legal Person. (Company Name, Registration Address and No, Date of Incorporation:     1   Company name:   Date of Incorporation:     2   Registration Address and # :   Place of Registration:<										
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3 Registration Address and #: Place of Registration:   Declared by: Place of Registration:										
Registration Address and # : Place of Registration:	3	Company name:		Date of Incorporation:						
		Registration Address and # :		Place of Registration:						
Name: Signature:										
			•							
Designation: Date:	Designation:			Date:						

Note :

- In relate to section A : please attach passport copy of the Ultimate Beneficial Owner/s.
- In relate to section B : please attach supporting documents to confirm that the BO is a Government or Government owned entity or a company listed in a stock market.
- In relate to section C : please attach the company ownership structure and details of the legal person.