

OIL & GAS FREE ZONES AUTHORITY BENEFICIAL OWNERS DISCLOSURE FORM

FZE NAME: _____

ADDRESS: _____

FZE LICENSE No. _____

FZE Email & Phone No. _____

Guide:

Nature Ownership/Control	Description
Direct Ownership	The individual directly owns a percentage of shares or voting rights in the company.
Indirect Ownership	The individual controls the company through another company, trust, or arrangement.
Voting Rights	The individual has the right to vote on company matters, even if they do not hold ownership directly.
Significant Influence or Control	Ability to make or influence major decisions, such as board appointments, company policies, or strategic directions.
Right to Appoint/Remove Directors	The individual can appoint or remove members of the board of directors.
Control via Trusts or Agreements	The individual benefits from or controls the company through legal arrangements like trusts, partnerships, or contractual agreements.

PART A – PARTICULARS OF BENEFICIAL OWNERS

1.

<u>Surname:</u>		<u>First Name:</u>		<u>Other names</u>	
<u>Nationality:</u>		<u>Date of Birth:</u>		<u>Place of Birth:</u>	
<u>Phone Number:</u>		<u>Email:</u>			
<u>Residential Address:</u>					
<u>City:</u>		<u>State, Country:</u>			
<u>Means of Identification:</u>			<u>ID Number:</u>		
Driver's License/NIN/Passport			Driver's License/NIN/Passport number)		
<u>% Ownership</u>		<u>Occupation:</u>			
<u>Nature of Ownership/Control</u>					
<u>Politically Exposed Person Status:</u>		<u>Date of Ownership:</u>		<u>Date of Cessation of Ownership:</u>	

2.

Surname:		First Name:		Other names	
Nationality:		Date of Birth:		Place of Birth:	
Phone Number:		Email:			
Residential Address:					
City:		State, Country:			
Means of Identification: Driver's License/NIN/Passport			ID Number: Driver's License/NIN/Passport number)		
% Ownership		Occupation:			
Nature of Ownership					
Politically Exposed Person Status:		Date of Ownership:		Date of Cessation of Ownership:	

3.

Surname:		First Name:		Other names	
Nationality:		Date of Birth:		Place of Birth:	
Phone Number:		Email:			
Residential Address:					
City:		State, Country:			
Means of Identification: Driver's License/NIN/Passport			ID Number: Driver's License/NIN/Passport number)		
% Ownership		Occupation:			
Nature of Ownership					
Politically Exposed Person Status:		Date of Ownership:		Date of Cessation of Ownership:	

4.

Surname:		First Name:		Other names	
Nationality:		Date of Birth:		Place of Birth:	
Phone Number:		Email:			
Residential Address:					
City:		State, Country:			
Means of Identification: Driver's License/NIN/Passport			ID Number: Driver's License/NIN/Passport number)		
% Ownership		Occupation:			
Nature of Ownership					
Politically Exposed Person Status:		Date of Ownership:		Date of Cessation of Ownership:	

5.

Surname:		First Name:		Other names	
Nationality:		Date of Birth:		Place of Birth:	
Phone Number:		Email:			
Residential Address:					
City:		State, Country:			
Means of Identification: Driver's License/NIN/Passport			ID Number: Driver's License/NIN/Passport number)		
% Ownership		Occupation:			
Nature of Ownership					
Politically Exposed Person Status:		Date of Ownership:		Date of Cessation of Ownership:	

PART B – CHANGE OF PARTICULARS OF BENEFICIAL OWNERS

1.

<u>Surname:</u>		<u>First Name:</u>		<u>Other names</u>	
Nationality:		Date of Birth:		Place of Birth:	
Phone Number:		Email:			
Residential Address:					
<u>City:</u>		<u>State, Country:</u>			
<u>Means of Identification:</u>			<u>ID Number:</u>		
Driver's License/NIN/Passport			Driver's License/NIN/Passport number)		
% Ownership		Occupation:			
Nature of Ownership					
Politically Exposed Person Status:		Date of Ownership:		Date of Cessation of Ownership:	

2.

<u>Surname:</u>		<u>First Name:</u>		<u>Other names</u>	
Nationality:		Date of Birth:		Place of Birth:	
Phone Number:		Email:			
Residential Address:					
<u>City:</u>		<u>State, Country:</u>			
<u>Means of Identification:</u>			<u>ID Number:</u>		
Driver's License/NIN/Passport			Driver's License/NIN/Passport number)		
% Ownership		Occupation:			
Nature of Ownership					
Politically Exposed Person Status:		Date of Ownership:		Date of Cessation of Ownership:	

3.

Surname:		First Name:		Other names	
Nationality:		Date of Birth:		Place of Birth:	
Phone Number:		Email:			
Residential Address:					
City:		State, Country:			
Means of Identification:			ID Number:		
Driver's License/NIN/Passport			Driver's License/NIN/Passport number)		
% Ownership		Occupation:			
Nature of Ownership					
Politically Exposed Person Status:		Date of Ownership:		Date of Cessation of Ownership:	

4.

Surname:		First Name:		Other names	
Nationality:		Date of Birth:		Place of Birth:	
Phone Number:		Email:			
Residential Address:					
City:		State, Country:			
Means of Identification:			ID Number:		
Driver's License/NIN/Passport			Driver's License/NIN/Passport number)		
% Ownership		Occupation:			
Nature of Ownership					
Politically Exposed Person Status:		Date of Ownership:		Date of Cessation of Ownership:	

5.

Surname:		First Name:		Other names	
Nationality:		Date of Birth:		Place of Birth:	
Phone Number:		Email:			
Residential Address:					
City:		State, Country:			
Means of Identification:			ID Number:		
Driver's License/NIN/Passport			Driver's License/NIN/Passport number)		
% Ownership		Occupation:			
Nature of Ownership					
Politically Exposed Person Status:		Date of Ownership:		Date of Cessation of Ownership:	

6.

Surname:		First Name:		Other names	
Nationality:		Date of Birth:		Place of Birth:	
Phone Number:		Email:			
Residential Address:					
City:		State, Country:			
Means of Identification:			ID Number:		
Driver's License/NIN/Passport			Driver's License/NIN/Passport number)		
% Ownership		Occupation:			
Nature of Ownership					
Politically Exposed Person Status:		Date of Ownership:		Date of Cessation of Ownership:	

DISCLOSURE SUMMARY

	NAME (Surname First)	ADDRESS	Units of Shares Owned	%
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

DECLARATION:

I hereby declare that all statements contained here are true and made in good faith.

Prepared by: _____

Designation: _____

Signature & Date _____

Email & Phone No. _____

Directors Name & Signature _____

OGFZA OFFICIAL USE ONLY

Assessed By: _____

Signature: _____

Date: _____
