

General Information		
Name of Entity:		
Number of Employees:		
Entity Offices / Branches in Abu Dhabi Emirate:	<input type="checkbox"/> Abu Dhabi <input type="checkbox"/> Al Ain <input type="checkbox"/> Western Region Total No. of Offices / Branches:	
Other Sites / Projects Operating Under this Entity:		
Contact of Head Office within Abu Dhabi Emirate:	Telephone No.:	E-mail Address:
	Fax No.:	P.O. Box:
Authorized Person providing Information:	Name:	
	Position:	
	Telephone No.:	E-mail Address:
	Fax No. :	P.O. Box :

Entity Activities		
Trade License No. (Attach copy)		
Activity/Activities as specified in the trade license:	Title of Activity	Indicate if operational (yes/No)
Main Operational Activity / Activities of the Entity		
Other licenses issued for the Entity (Attach copies)	1..... 2..... 3.....	

Indicate the sector that your activities are related to:	<input type="checkbox"/> Energy	<input type="checkbox"/> Transport	<input type="checkbox"/> Tourism
	<input type="checkbox"/> Construction	<input type="checkbox"/> Industry	<input type="checkbox"/> Food
	<input type="checkbox"/> Health	<input type="checkbox"/> Waste	<input type="checkbox"/> Commercial
	<input type="checkbox"/> Education	<input type="checkbox"/> Other (specify):	
Remarks / Other Information			

Declaration

I declare that all information provided in this document is true, correct and complete.

Signature of the Authorized Person providing the Information:		Official Stamp :	
Date : (DD/MM/YYYY)	____/____/____		

Official Use

Part A – To Be Filled by the SRA

Meeting with / site visit to the entity:

- Not Required
- Done: ____ (Day) ____ (Month) ____ (Year)

Sector or sectors, that entity activities fall under	<input type="checkbox"/> Energy	<input type="checkbox"/> Transport	<input type="checkbox"/> Tourism
	<input type="checkbox"/> Construction	<input type="checkbox"/> Industry	<input type="checkbox"/> Food
	<input type="checkbox"/> Health	<input type="checkbox"/> Waste	<input type="checkbox"/> Commercial
	<input type="checkbox"/> Education	<input type="checkbox"/> Other (specify):	
Main Operational Activity / Activities of the Entity that are subject to ADOSH-SF:			

Decision:

- Nominate entity within own sector.
- Entity needs to be nominated by (name SRA / Sector) _____, because:

- Refer entity to ADPHC for decision on the SRA to nominate, because:

Date Entity Notified of SRA Decision: ____ (Day) ____ (Month) ____ (Year)

Relevant Authority Stamp and Authorized Signature	Entered into Database by:	
	Name:	
	Signature:	
	Date: (DD/MM/YYYY)	___/___/___
	Reviewed by:	
	Name:	
	Signature:	
Date: (DD/MM/YYYY)	___/___/___	

Part B – To Be Filled by ADPHC	
Date Form A1 Received: (DD/MM/YYYY)	___/___/___
Meeting Date: (DD/MM/YYYY)	___/___/___
Sectors participating in the Meeting	<input type="checkbox"/> Energy <input type="checkbox"/> Transport <input type="checkbox"/> Tourism <input type="checkbox"/> Construction <input type="checkbox"/> Industry <input type="checkbox"/> Food <input type="checkbox"/> Health <input type="checkbox"/> Waste <input type="checkbox"/> Commercial <input type="checkbox"/> Education <input type="checkbox"/> Other (specify):
Decision: <input type="checkbox"/> Entity needs to be nominated by (name SRA / Sector) _____, : Justification: _____ _____	
Date (DD/MM/YYYY):	
Center Stamp and Authorized Signature	