### General Information

| Name of Entity: |  |
| Number of Employees: |  |

- **Entity Offices / Branches in Abu Dhabi Emirate:**
  - [ ] Abu Dhabi
  - [ ] Al Ain
  - [ ] 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) |  |
| Title of Activity | Indicate if operational (yes/No) |

- Activity/Activities as specified in the trade license:

- Main Operational Activity / Activities of the Entity

- Other licenses issued for the Entity (Attach copies):
  1. 
  2. 
  3.
**Form A1**

**Indicate the sector that your activities are related to:**

- Energy
- Transport
- Tourism
- Construction
- Industry
- Food
- Health
- Waste
- Commercial
- Other (specify):
- Education

**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:**

<table>
<thead>
<tr>
<th>Official Stamp:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**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**

- Energy
- Transport
- Tourism
- Construction
- Industry
- Food
- Health
- Waste
- Commercial
- Other (specify):
- Education

**Main Operational Activity / Activities of the Entity that are subject to OSHAD-SF:**

**Decision:**

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

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

**Date Entity Notified of SRA Decision:**

(DD/MM/YYYY) __ __ (Day) __ __ (Month) __ __ __ __ (Year)
## Form A1

### Relevant Authority Stamp and Authorized Signature

<table>
<thead>
<tr>
<th>Entered into Database by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Signature:</td>
</tr>
<tr>
<td>Date: (DD/MM/YYYY)</td>
</tr>
</tbody>
</table>

### Reviewed by:

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature:</td>
</tr>
<tr>
<td>Date: (DD/MM/YYYY)</td>
</tr>
</tbody>
</table>

### Part B – To Be Filled by OSHAD

#### Date Form A1 Received: (DD/MM/YYYY)

<table>
<thead>
<tr>
<th>Date Form A1 Received: (DD/MM/YYYY)</th>
<th>_____ / _____ / _____</th>
</tr>
</thead>
</table>

#### Meeting Date: (DD/MM/YYYY)

<table>
<thead>
<tr>
<th>Meeting Date: (DD/MM/YYYY)</th>
<th>_____ / _____ / _____</th>
</tr>
</thead>
</table>

#### Sectors participating in the Meeting

- [ ] Energy
- [ ] Construction
- [ ] Health
- [ ] Education
- [ ] Transport
- [ ] Industry
- [ ] Waste
- [ ] Other (specify):
- [ ] Tourism
- [ ] Food
- [ ] Commercial

### Decision:

- [ ] Entity needs to be nominated by (name SRA / Sector) __________________;

  Justification: _________________________________________________________
  __________________

#### Date (DD/MM/YYYY):

<table>
<thead>
<tr>
<th>Date (DD/MM/YYYY):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Center Stamp and Authorized Signature