**DECLARATION**

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| Details of a Council member    Title:  Family Name:  Given Name:  Date of Birth:  Place of Birth:  Passport Number:  Nationality:  Address Line1:  Address Line2:  Region / State:  City / Emirate:  Country:  P O Box or Postal code:    I declare that I have consented to act as a Council member of the Foundation named <<Insert Foundation name>>.    I acknowledge that the purpose of this online form is to ensure accuracy of the records on file with DIFC Registrar of Companies and is warranted accordingly. The updated information will only become effective once approved by the DIFC Registrar of Companies.     |  | | --- | |  |   Signature: Date:    \*Please sign in the allocated box above |