



AL RAHA GARDENS RESIDENT REGISTRATION FORM



Resident Full Name: _____
 Resident Nationality: _____
 Property Address: _____
 Resident Mailing Address P.O. Box _____
 Resident Contact Details: _____ Abu Dhabi, U A E
 Mobile: _____
 Land Line: _____
 Fax: _____
 Email Address Work: _____ Home: _____
 Resident Residence Visa #: _____ [non Nationals]
 Resident Work Permit #: _____ [non Nationals]

1 Passport Size
Photographs
and passport
copy for tenants
18+

Dependants living in property:
 Spouse Name _____

1. Child Name _____	Male/Female. Date of Birth _____
2. Child Name _____	Male/Female. Date of Birth _____
3. Child Name _____	Male/Female. Date of Birth _____
4. Child Name _____	Male/Female. Date of Birth _____

Domestic Staff:

1. Maid's Name _____	Nationality _____
2. Maid's Name _____	Nationality _____
1. Driver's Name _____	Nationality _____
2. Driver's Name _____	Nationality _____

Owner/Occupier Vehicles to property [Include Jet Ski's Quad Bikes etc]

	Make	Model	Year	Colour	Registration
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Contact Person in case of EMERGENCY:
 Name: _____ Relationship: _____ Telephone: _____

Pets kept at property e.g. Cat / Dog;
 Pet's Name: _____ Type: _____ Copy Vaccination Certificate Yes / No

Owner/Occupier Signature _____ Date _____

I have received my property keys, read the Master Community Document & the A to Z Guide and fully understand the content and agree to abide by the conditions therein.