

ADNOC Group Risk & Insurance Portal

User Registration Form

Please send the following form, duly completed and approved, to:

**Manager,
Group Treasury & Risk Management Division,
Finance Directorate,
ADNOC.**

(All fields are mandatory)

Title: (e.g. Mr/Mrs/Miss)	
First Name:	
Surname:	
Company:	
Department / Position:	
Office Phone:	
Office E-mail:	

APPROVED BY:

Signature: _____

Name: _____

Position: _____