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| **LEGAL CONSULTANCY FIRM – LICENCE APPLICATION TO ESTABLISH A BRANCH OFFICE** |

**IMPORTANT: Please note: All questions marked with an asterisk (\*) are mandatory. Any questions that do not relate to the firm’s application must be marked “N/A”.**

**Purpose of this form**

* This application is considered as an application for the issuance of a Government of Dubai, Legal Affairs Department **(“LAD”)** licence to establish a branch legal consultancy firm in the Emirate of Dubai by a foreign legal consultancy firm;
* Any foreign firm that can demonstrate compliance with the LAD minimum requirements and qualifying conditions may apply for a legal consultancy firm licence;
* Representative offices and their representatives shall, when conducting legal service activities, abide by the laws, regulations and rules of the Emirate and no foreign law firms, other organizations or individuals may conduct legal service activities within the territory of Dubai as a consulting firm or under other names without a licence issued by the LAD.

**Notes for completing this form**

* Please complete this form electronically, all answers must be typed in the answer field of each question. The original must be signed by the applicant firm. The LAD will not accept any handwritten forms and the applicant firm must ensure the original form is accompanied by all supporting mandatory documentation prior to submission to the LAD. The applicant firm must retain a photocopy of the completed form for future reference;
* If any details are incorrect and/or incomplete this form may be returned to the applicant firm for proper completion and re-submission, which could result in delay in processing this application;
* All sections must be completed in full and the use of abbreviations must be avoided;
* All pages must be initialed by the authorised individual;
* If additional sheets are required in the completion of this form, please ensure all additional sheets are securely attached to this form.
* Submission of the original form including all supporting documents must be delivered to: H.H. The Rulers Court, Government of Dubai, Legal Affairs Department, Building 4, Level, 4, Bur Dubai. UAE PO BOX 446.

**Fee Payment**

* Pursuant to the Executive Council Resolution No. (22) of 2011 Concerning Fees and Fines Prescribed for the Advocacy and Legal Consultancy Profession in the Emirate of Dubai, The applicant firm must following submission this form and upon receipt of the LAD invoice, submit payment of the prescribed new legal consultancy firm licence fee of 3,000 AED x No of Legal Consultants, minimum of (Fifteen Thousand Dirhams) 15,000AED. All fees must be made payable by a cheque to “H.H. The Ruler’s Court.

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| **Please ensure that you have securely attached and clearly labeled all supporting documents to this application** | | | | | | | | |
| **No.** | **DOCUMENTS/EVIDENCE** | | **Original** | **Copy** | **Signed** | **Stamped by firm** | **Notarised\*** | **Legalised\*\*** |
|  | Legal Consultancy Firm Branch Office Application Form | | ✓ |  | ✓ | ✓ |  |  |
|  | Draft Partnership/ Board Resolution approving and resolving to establish a branch office within the Emirate of Dubai. Resolution must also contain approval for the appointment of the proposed Dubai Managing Partner. | |  | ✓ |  |  |  |  |
|  | Incorporation Certificate (evidencing a minimum of 10 years). | | ✓ | ✓ | ✓ |  |  |  |
|  | Draft Power of Attorney, conferring all rights and authority from the firm to the proposed managing partner to act on behalf of the firm. | |  | ✓ |  |  |  |  |
|  | Executive Report – Comprehensive business plan report | | ✓ |  | ✓ | ✓ |  |  |
|  | Full and complete Registration of Legal Consultants Applications (including supporting documents) | | ✓ |  | ✓ |  |  |  |
| **SECTION 1: LEGAL CONSULTANCY FIRM HEAD OFFICE DETAILS** | | | | | | | | |
| Firm Name\* *(as recorded on firm incorporation certificate or similar document)* | | | | | | | | |
| Click here to enter text. | | | | | | | | |
| Previous Name(s)\* | | | | | | | | |
| Click here to enter text. | | | | | | | | |
| Please give details of the legal form (entity) of the firm’s head office and the law by which it is governed. | | | | | | | | |
| Business/Legal Entity\*  *e.g. Limited Liability Partnership* | | Click here to enter text. | | | | | | |
| Governing Law\* | | Click here to enter text. | | | | | | |
| Head Office/ Registered office country/Jurisdiction of incorporation\* | | | | | | | | |
| Click here to enter text. | | | | | | | | |
| Head Office/Registered office date of Incorporation\* | | Click here to enter text. | | | | | | |
| The incorporation of the firm must be for a minimum of ten (10) years. If the head office of the foreign firm has been incorporated for less than 10 years as a result of acquisition or merger between two or more firms, please provide full details and a chronology of the history of the firms incorporation below to evidence a minimum 10 years continuous practice. | | | | | | | | |
| Click here to enter text. | | | | | | | | |
| Name of Managing Partner/Principal\* | | Click here to enter text. | | | | | | |
| No. of practising partners\* | | Click here to enter text. | | | | | | |
| No. of practising Legal Consultants\* | | Click here to enter text. | | | | | | |
| No. of regional *offices (within the jurisdiction of incorporation)*\* | | Click here to enter text. | | | | | | |
| No. of international offices\* | | Click here to enter text. | | | | | | |

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| **SECTION 2: HEAD/REGISTERED OFFICE MANAGING PARTNER DETAILS** | | | | | | | | | | | | | | | |
| Please provide details of the head office managing partner: | | | | | | | | | | | | | | | |
| Title\* | Mr |  | Mrs |  | Miss. |  | | Dr | |  | Other |  | | *(please state)* | |
| First Name\* | Click here to enter text. | | | | | | | | | | | | | | |
| Surname/Family Name\* | Click here to enter text. | | | | | | | | | | | | | | |
| Nationality\* | Click here to enter text. | | | | | | | | | | | | | | |
| Direct telephone number \* | Click here to enter text. | | | | | | Mobile telephone number\* | | | | | | Click here to enter text. | | |
| Email address\* | Click here to enter text. | | | | | | Fax number\* | | | | | | Click here to enter text. | | |
| Name of secretary\* | Click here to enter text. | | | | | | Secretary contact telephone number\* | | | | | | Click here to enter text. | | |
| Secretary email address\* | Click here to enter text. | | | | | | | | | | | | | | |
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| **SECTION 3: HEAD OFFICE MAIN CONTACTS** | | | | | | | | | | | | | | | |
| **Ownership** – list the persons or organisations that are beneficial owners of the Firm, list the shares held and the percentage of ownership | | | | | | | | | | | | | | | |
| Full Name | | Shares Held | | | | | | | Percentage of ownership | | | | | Is this individual a qualified legal consultant | |
| Click here to enter text. | | Click here to enter text. | | | | | | | Click here to enter text. | | | | | Yes | No |
| Click here to enter text. | | Click here to enter text. | | | | | | | Click here to enter text. | | | | | Yes | No |
| Click here to enter text. | | Click here to enter text. | | | | | | | Click here to enter text. | | | | | Yes | No |
| Click here to enter text. | | Click here to enter text. | | | | | | | Click here to enter text. | | | | | Yes | No |
| Please provide the contact details of the below named persons *(if applicable).* | | | | | | | | | | | | | | | |
| **Authorised signatory**\* | | | | | | | | | | | | | | | |
| Individual Full Name | | Email Address | | | | | | | Telephone Number | | | | | Is this individual a qualified legal consultant | |
| Click here to enter text. | | Click here to enter text. | | | | | | | Click here to enter text. | | | | | Yes | No |
| Click here to enter text. | | Click here to enter text. | | | | | | | Click here to enter text. | | | | | Yes | No |
| Click here to enter text. | | Click here to enter text. | | | | | | | Click here to enter text. | | | | | Yes | No |
| Click here to enter text. | | Click here to enter text. | | | | | | | Click here to enter text. | | | | | Yes | No |
| **Office Manager**\* | | | | | | | | | | | | | | | |
| Individual Full Name | | Email Address | | | | | | | Telephone Number | | | | | Is this individual a qualified legal consultant | |
| Click here to enter text. | | Click here to enter text. | | | | | | | Click here to enter text. | | | | | Yes | No |
| **Money Laundering Nominated Officer**\* | | | | | | | | | | | | | | | |
| Individual Full Name | | Email Address | | | | | | | Telephone Number | | | | | Is this individual a qualified legal consultant | |
| Click here to enter text. | | Click here to enter text. | | | | | | | Click here to enter text. | | | | | Yes | No |
| **Designated Complaints Handler**\* | | | | | | | | | | | | | | | |
| Individual Full Name | | Email Address | | | | | | | Telephone Number | | | | | Is this individual a qualified legal consultant | |
| Click here to enter text. | | Click here to enter text. | | | | | | | Click here to enter text. | | | | | Yes | No |
| **Accounts Manager\*** | | | | | | | | | | | | | | | |
| Individual Full Name | | Email Address | | | | | | | Telephone Number | | | | | Is this individual a qualified legal consultant | |
| Click here to enter text. | | Click here to enter text. | | | | | | | Click here to enter text. | | | | | Yes | No |
| **Training Contact**\* | | | | | | | | | | | | | | | |
| Individual Full Name | | Email Address | | | | | | | Telephone Number | | | | | Is this individual a qualified legal consultant | |
| Click here to enter text. | | Click here to enter text. | | | | | | | Click here to enter text. | | | | | Yes | No |

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| **SECTION 4: HEAD/REGISTERED OFFICE ADDRESS(S)** | | | |
| **Head/Registered Office Address** | | | |
| 1. **Firm Address *(primary office)* \*** | | 1. **Firm Address *(secondary office)*** *(within the same jurisdiction)* | |
| Building Name/ Number\* | Click here to enter text. | Building Name/ Number\* | Click here to enter text. |
| Street\* | Click here to enter text. | Street\* | Click here to enter text. |
| Town\* | Click here to enter text. | Town\* | Click here to enter text. |
| Country/Region\* | Click here to enter text. | Country/Region\* | Click here to enter text. |
| Postcode\* | Click here to enter text. | Postcode\* | Click here to enter text. |
| Firm telephone number(s)\* | Click here to enter text. | Firm telephone number(s)\* | Click here to enter text. |
| Firm fax number(s)\* | Click here to enter text. | Firm fax number(s) \* | Click here to enter text. |
| Firm website address(s) \* | Click here to enter text. | | |

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| **SECTION 5: INTERNATIONAL OFFICE DETAILS** | | | |
| **INTERNATIONAL OFFICES *(applicant firm must evidence a minimum of (3) three international offices)*** | | | |
| 1. **Firm Name *(if different from main office)\**** | | 1. **Firm Name *(if different from main office)\**** | |
| Click here to enter text. | | Click here to enter text. | |
| Country/Jurisdiction  of Incorporation\* | Click here to enter text. | Country/Jurisdiction of Incorporation\* | Click here to enter text. |
| Date of incorporation\* | Click here to enter text. | Date of incorporation\* | Click here to enter text. |
| Business/ Legal Entity\* | Click here to enter text. | Business/ Legal Entity\* | Click here to enter text. |
| Governing Law\* | Click here to enter text. | Governing Law\* | Click here to enter text. |
| Name of Managing Partner\* | Click here to enter text. | Name of Managing Partner\* | Click here to enter text. |
| No. of Legal Consultants\* | Click here to enter text. | No. of Legal Consultants\* | Click here to enter text. |
| Building Name/ Number\* | Click here to enter text. | Building Name/ Number\* | Click here to enter text. |
| Street\* | Click here to enter text. | Street\* | Click here to enter text. |
| Town\* | Click here to enter text. | Town\* | Click here to enter text. |
| Country/Region\* | Click here to enter text. | Country/Region\* | Click here to enter text. |
| Postcode/PO BOX\* | Click here to enter text. | Postcode/PO BOX\* | Click here to enter text. |
| Country\* | Click here to enter text. | Country\* | Click here to enter text. |
| Firm telephone number(s)\* | Click here to enter text. | Firm telephone number(s)\* | Click here to enter text. |
| Firm fax number(s)\* | Click here to enter text. | Firm fax number(s)\* | Click here to enter text. |
| Firm website address(s) \* | Click here to enter text. | | |

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| **ADDITIONAL INTERNATIONAL OFFICE(s) DETAILS - *(applicant firm must evidence a minimum of (3) three international offices)*** | | | |
| 1. **Firm Name *(if different from main office)* \*** | | 1. **Firm Name *(if different from main office)* \*** | |
| Click here to enter text. | | Click here to enter text. | |
| Country/Jurisdiction  of Incorporation\* | Click here to enter text. | Country/Jurisdiction of Incorporation\* | Click here to enter text. |
| Date of incorporation\* | Click here to enter text. | Date of incorporation\* | Click here to enter text. |
| Business/ Legal Entity\* | Click here to enter text. | Business/ Legal Entity\* | Click here to enter text. |
| Governing Law\* | Click here to enter text. | Governing Law\* | Click here to enter text. |
| Name of Managing Partner\* | Click here to enter text. | Name of Managing Partner\* | Click here to enter text. |
| No. of Legal Consultants\* | Click here to enter text. | No. of Legal Consultants\* | Click here to enter text. |
| Building Name/ Number\* | Click here to enter text. | Building Name/ Number\* | Click here to enter text. |
| Street\* | Click here to enter text. | Street\* | Click here to enter text. |
| Town\* | Click here to enter text. | Town\* | Click here to enter text. |
| Country/Region\* | Click here to enter text. | Country/Region\* | Click here to enter text. |
| Postcode/PO BOX\* | Click here to enter text. | Postcode/PO BOX\* | Click here to enter text. |
| Firm telephone number(s) \* | Click here to enter text. | Firm telephone number(s)\* | Click here to enter text. |
| Firm fax number(s)\* | Click here to enter text. | Firm fax number(s)\* | Click here to enter text. |
| Firm website address(s) \* | Click here to enter text. | | |

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| **SECTION 6: PROFESSIONAL INDEMNITY INSURANCE POLICY** | | | | |
| Please provide details relating to the Firm’s professional indemnity insurance policy\* | | | | |
| Name of insurance provider\* | Click here to enter text. | | | |
| Insurance Policy Number\* | Click here to enter text. | | | |
| Insurance Validity\* | Issue Date | Click here to enter text. | Expiry Date | Click here to enter text. |
| Value of Insurance\* | *(in words)* | Click here to enter text. | | |
| *(currency)* | Click here to enter text. | | |
| Will this policy be extended to cover the proposed Dubai Office\* | | | Yes | No |
| If ‘No’ please provide reasons: *(use additional sheets if required)* | | | | |
| Click here to enter text. | | | | |

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| Which one or more of the following categories best describe the Firm’s current areas of practise and/or legal services?\* | |
| Administrative  Alternative Dispute Resolution  Anti-Money Laundering  Arbitration  Aviation  Banking & Finance  Commercial Disputes  Company/Corporate  Construction/ Engineering  Contracts  Criminal  Environmental  Employment  Family & Matrimonial  Free Zones  Immigration  Intellectual Property | International Business  Islamic Finance  Information Technology  Labor  Litigation  Media  Medical  Mergers & Acquisitions  Real Estate/Property  Regulatory  Shipping, Transport & Marine  Telecommunications  Torts  Wills & Succession  Other (please specify):  Click here to enter text. |

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| **SECTION 7: PROPOSED DUBAI OFFICE PARTICULARS** | | | | |
| Proposed Firm Name\* | | | | |
| Click here to enter text. | | | | |
| Proposed Business/Legal Entity\*  *e.g. Limited Liability Partnership* | Click here to enter text. | | | |
| Proposed Licensing Authority\*  *e.g. Department of Economic Development (“DED”)* | Click here to enter text. | | | |
| No. of proposed partners\* | Click here to enter text. | | | |
| No. of proposed practising Legal Consultants\* | Click here to enter text. | | | |
| Proposed No. of combined workforce *(staff)*\* | Click here to enter text. | | | |
| Proposed principle place of business *(if known)*\* | Click here to enter text. | | | |
| Proposed commercial property\* | Property Ownership |  | Leasehold Property |  |

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| **SECTION 8: PROPOSED DUBAI MANAGING PARTNER DETAILS** | | | | | | | | | | | | |
| Please provide details on behalf of the proposed managing partner and record details relating to the mandatory **three (3) minimum legal consultants**. Please note that the minimum of (3) legal consultants does not include the managing partner. | | | | | | | | | | | | |
| *Please provide details of the proposed Managing Partner of the Dubai Branch Office:* | | | | | | | | | | | | |
| Title\* | Mr |  | Mrs |  | Miss. |  | Dr |  | Other |  | | *(please state)* |
| First Name\* | Click here to enter text. | | | | | | | | | | | |
| Surname/Family Name\* | Click here to enter text. | | | | | | | | | | | |
| Nationality\* | Click here to enter text. | | | | | | | | | | | |
| Name of professional qualification\* | Click here to enter text. | | | | | | | | | | | |
| Country / Jurisdiction obtained | Click here to enter text. | | | | | | | | | | | |
| Regulatory Authority\* | Click here to enter text. | | | | | | | | | | | |
| Year obtained\* | Click here to enter text. | | | | | | | | | | | |
| Direct telephone number\* | Click here to enter text. | | | | | Mobile telephone number\* | | | | | Click here to enter text. | |
| Email address\* | Click here to enter text. | | | | | Fax number\* | | | | | Click here to enter text. | |

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| **SECTION 9: PROPOSED LEGAL CONSULTANTS** | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Please provide details of the proposed Legal Consultants that shall be practising in the Dubai Branch Office: | | | | | | | | | | | | | | | | | | | | | | | | |
| Title\* | Mr | |  | | Mrs | |  | | Miss. | |  | | Dr | |  | | Other | |  | | | | *(please state)* | |
| First Name\* | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | |
| Surname/Family Name\* | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | |
| Nationality\* | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | |
| Name of professional qualification\* | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | |
| Country / Jurisdiction obtained\* | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | |
| Regulatory Authority\* | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | |
| Year obtained\* | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | |
| Direct telephone number\* | Click here to enter text. | | | | | | | | | | Mobile telephone number\* | | | | | | | | | | Click here to enter text. | | | |
| Email address\* | Click here to enter text. | | | | | | | | | | Fax number\* | | | | | | | | | | Click here to enter text. | | | |
| 1. Please provide details of the proposed Legal Consultants that shall be practising in the Dubai Branch Office: | | | | | | | | | | | | | | | | | | | | | | | | |
| Title\* | | Mr | |  | | Mrs | |  | | Miss. | |  | | Dr | |  | | Other | |  | | | | *(please state)* |
| First Name\* | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
| Surname/Family Name\* | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
| Nationality\* | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
| Name of professional qualification\* | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
| Country / Jurisdiction obtained\* | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
| Regulatory Authority\* | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
| Year obtained\* | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
| Direct telephone number\* | | Click here to enter text. | | | | | | | | | | Mobile telephone number\* | | | | | | | | | | Click here to enter text. | | |
| Email address\* | | Click here to enter text. | | | | | | | | | | Fax number\* | | | | | | | | | | Click here to enter text. | | |
| 1. Please provide details of the proposed Legal Consultants that shall be practising in the Dubai Branch Office: | | | | | | | | | | | | | | | | | | | | | | | | |
| Title\* | | Mr | |  | | Mrs | |  | | Miss. | |  | | Dr | |  | | Other | |  | | | | *(please state)* |
| First Name\* | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
| Surname/Family Name\* | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
| Nationality\* | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
| Name of professional qualification\* | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
| Country / Jurisdiction obtained\* | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
| Regulatory Authority\* | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
| Year obtained\* | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
| Direct telephone number\* | | Click here to enter text. | | | | | | | | | | Mobile telephone number\* | | | | | | | | | | Click here to enter text. | | |
| Email address\* | | Click here to enter text. | | | | | | | | | | Fax number\* | | | | | | | | | | Click here to enter text. | | |
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| **SECTION 10: ELIGIBILITY AND QUALIFYING REQUIREMENT(S)** | | | | | | | | | | | | | | | | | | | | | | | | |
| All applicants are required to submit a comprehensive executive report, annexed to this form. The following questions asked are a guide to the content of the executive report. The short answers to the questions below shall **NOT** be considered sufficient in absence of the executive report. | | | | | | | | | | | | | | | | | | | | | | | | |
| Please provide reasons for applying to establish a legal consultancy firm in the Emirate of Dubai? | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | |
| Please specify the nature of legal services the firm intend on providing in Dubai, please include details regarding the proposed area(s) of the law the firm intend on providing. *Note: be specifically clear on the legal services as well as the range of area of law.* | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | |
| Please describe what value you will add to the legal profession in the Emirate of Dubai? | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | |
| Please provide details relating to the Firms merits and credentials. | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | |
| Please provide reasons and/or evidence of the firm knowledge and understanding of UAE Law. *(Note: proposed consultants qualification, experience and employment history and experience)* | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | |
| Please specify if the firm shall be offering legal services in Arabic? If so please provide details. | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | |

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| **SECTION 11: FIT AND PROPER ASSESSMENT** | | |
| Has the applicant firm: | | |
| Ever been refused a licence by the LAD and/or any other competent Licensing Authority within the UAE? | Yes | No |
| Ever been the subject of disciplinary procedures by a government body, regulatory body or agency within the UAE and outside the UAE? | Yes | No |
| Ever been refused or restricted the right to provide legal services, practice the profession of law? | Yes | No |
| Ever entered into an agreement or arrangement with the intention to benefit or provide legal services and to engage in legal practice or offer to provide Legal Services in the Emirate through a licensed Advocacy or Legal Consultancy Firm in the Emirate. | Yes | No |
| Ever represented, advertised or promoted and/or engaged in legal practice or offered to provide Legal Services to the public for fee gain, reward or otherwise directly or indirectly within the Emirate of Dubai without a licence from LAD or in assurance of a licence from any Licensing Authority in the Emirate. | Yes | No |
| If you have answered yes to any of the above questions, please provide details of the matter below | | |
| Click here to enter text. | | |

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| **SECTION 12: DECLARATION AND UNDERTAKING** | |
|  | I DECLARE and undertake that to the best of my knowledge and belief, having made due enquiry, the information and contents of this application are true and correct; I understand that is an offence under the *Executive Council Resolution No. (22) of 2011 Concerning Fees and Fines Prescribed for the Advocacy and Legal Consultancy Profession in the Emirate of Dubai* to provide the LAD any information which is false, misleading or deceive or to conceal information where the concealment of such information is likely to mislead or deceive the LAD. |
|  | I have read and am familiar with my obligations pursuant to *the Executive Council Resolution No. (22) of 2011 Concerning Fees and Fines Prescribed for the Advocacy and Legal Consultancy Profession in the Emirate of Dubai* and undertake to comply with the obligations stipulated therein as well as any obligations set out in all other Bylaws and instructions issued by the Government of Dubai Legal Affairs Department from time to time. |
|  | I understand that for the purposes of considering this application, the Department may request further information and make whatever inquiries that it considers relevant in determining whether to licence the Legal Consultancy Firm, and I undertake to provide the Department with all requested documents and information whenever requested. |
|  | I UNDERTAKE and declare that all proposed legal consultants are am not employed by any public or private entity other than disclosed herein, and are not engaged in any commercial activity. I undertake to ensure all employed practising legal consultants exclusively practise the legal consultancy profession, and undertake to inform the Department in the event of undertaking any other profession or accepting any post with any other entity while registered on the Roll of Legal Consultants. I understand that failure to do so shall render me liable for all legal consequences. |
|  | I understand that I have an on-going obligation to disclose to the Legal Affairs Department, as soon as practicable, information about any matter that might affect the firm’s continuing eligibility to be registered on the Roll of Legal Consultants. |
|  | I DECLARE that I have not been prosecuted, or subject to any disciplinary proceedings either in the United Arab Emirates or abroad, or pursuant to domestic or foreign law governing the practice of the profession, nor have I acted in any way that could have undermined public confidence in the proper practice of the legal profession nor reduced the dignity and status of Legal Consultant, save and except as disclosed to the Government of Dubai Legal Affairs Department. |
|  | I DECLARE and undertake that I will comply with any and all continuing legal professional development requirements which may be imposed by the Government of Dubai Legal Affairs Department. I further declare and undertake that I will comply with any and all related reporting and record-keeping requirements for such continuing legal professional development requirements in effect from time to time. I understand that I may be audited with respect such record-keeping requirements and undertake to produce any such documentation or information in compliance with such requirements; |
|  | I confirm that all of the required documents enclosed with this form are authentic and the contents have not been altered, nor changed in any way calculated to mislead the Department. |

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| **Name of Managing Partner** | Click here to enter text. | | |
| **Date:** | Click here to enter text. | | |
| **Signature:** |  | **Stamp:** |  |