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| **LEGAL CONSULTANCY FIRM – LICENCE RENEWAL FORM (LFR-12)** |

**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”.**

Please complete Legal Consultancy Firm Renewal Form **(“LFR-12”)** electronically, all answers must be typed in the answer field of each question and ensure that the original is signed by the appointed Managing Partner of the Legal Consultancy Firm only. 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 theapplicant firm for proper completion and re-submission, which could result in delay in issuing the required Non- Objection Certificate.

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 of form LFR-12 and upon receipt of the Government of Dubai, Legal Affairs Department (“LAD”) invoice, submit payment of the prescribed fee of Three Thousand Dirhams, (3,000AED) per legal consultant ***(No. of Legal Consultants employed by the firm at the time of renewal x 3,000) (AED).*** All fees must be madepayable by a cheque to “H.H. The Ruler’s Court. Submission of the original form including all supporting documents contained in section (9) must be delivered to:

**The Government of Dubai, Legal Affairs Department.**

**H.H The Rulers Court**

**PO Box 446**

**Dubai**

**United Arab Emirates**

**If additional sheets are required in the completion of this Form, please ensure all additional sheets are securely attached to this Form.**

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| **SECTION 1:** | **FIRM LICENCE INFORMATION** | | | | | | | | |
| Firm Name\*  *(as recorded on LAD licence)*\* | | | | Click here to enter text. | | | | | |
| Previous Name | | | | Click here to enter text. | | | | | |
| Firm Licence Number | | | | Click here to enter text. | | | | | |
| LAD Licence Validity\* *(please record the dates on the last issued LAD licence)* | | | | | | | | | |
| Original Issue Date | | Click here to enter a date. | | | | | Expiry Date | | Click here to enter a date. |
| **Commercial Licence Details** | | | | | | | | | |
| Name of Licensing Authority\* | | | | *(Tick as appropriate)* | | | Issue Date Commercial Licence\* | | Expiry Date Commercial Licence\* |
| Department of Economic Development | | | | **(“DED”)** |  | | Click here to enter a date. | | Click here to enter a date. |
| Dubai International Financial Centre | | | | **(“DIFC”)** |  | | Click here to enter a date. | | Click here to enter a date. |
| Dubai Multi Commodities Centre | | | | **(“DMCC”)** |  | | Click here to enter a date. | | Click here to enter a date. |
| Other *(please specify below)* | | | |  |  | | Click here to enter a date. | | Click here to enter a date. |
| Click here to enter text. | | | | | | | | | |
| NOC Issue Date\* (Non –objection certificate ) | | | Click here to enter a date. | | | NOC Expiry Date\* *(Valid for one year from issue date*) | | Click here to enter a date. | |
| Additional office; NOC Issue Date\* | | | Click here to enter a date. | | | NOC Expiry Date\* *(Valid for one year from issue date*) | | Click here to enter a date. | |

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| **SECTION 2:** | **FIRM OFFICE INFORMATION** | | | |
| 1. Firm Address (primary office) \*   *(As evidenced on the Firm Tenancy Agreement/Title Deeds)* | | | 1. Firm Address (secondary office)   *(if applicable, record address details of the Firm ‘s branch offices within the Emirate)* | |
| Click here to enter text. | | | Click here to enter text. | |
| PO BOX\* | | Click here to enter text. | PO BOX | Click here to enter text. |
| Name of landlord\* | | Click here to enter text. | Name of landlord | Click here to enter text. |
| Lease agreement issue date\* | | Click here to enter a date. | Lease agreement issue date | Click here to enter a date. |
| Lease agreement expiry date\* | | Click here to enter a date. | Lease agreement expiry date | Click here to enter a date. |
| 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 3:** | **FIRM MANAGING PARTNER DETAILS** | | | | | | | | |
| Title\* | | Mr. | Mrs. | Miss | | Dr. | Other: | Click here to enter text. | |
| 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 4:** | **MAIN CONTACTS** | | | | | | |
| Please provide the contact details of the below named persons *(if applicable).* | | | | | | | |
| **Authorized 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 |
| **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 5:** | | **EMPLOYED LEGAL CONSULTANTS** | | | | |
| Please list the details of all employed Legal Consultants working in the Firm’s primary office and secondary office *(if applicable)* | | | | | | |
| No. | Full Name of Legal Consultant | | Practising | Non-Practising | Registration Application Submitted & Complete | |
| 1 | Click here to enter text. | |  |  | Yes | No |
| 2 | Click here to enter text. | |  |  | Yes | No |
| 3 | Click here to enter text. | |  |  | Yes | No |
| 4 | Click here to enter text. | |  |  | Yes | No |
| 5 | Click here to enter text. | |  |  | Yes | No |
| 6 | Click here to enter text. | |  |  | Yes | No |
| 7 | Click here to enter text. | |  |  | Yes | No |
| 8 | Click here to enter text. | |  |  | Yes | No |
| 9 | Click here to enter text. | |  |  | Yes | No |
| 10 | Click here to enter text. | |  |  | Yes | No |
| 11 | Click here to enter text. | |  |  | Yes | No |
| 12 | Click here to enter text. | |  |  | Yes | No |
| 13 | Click here to enter text. | |  |  | Yes | No |
| 14 | Click here to enter text. | |  |  | Yes | No |
| 15 | Click here to enter text. | |  |  | Yes | No |
| 16 | Click here to enter text. | |  |  | Yes | No |
| 17 | Click here to enter text. | |  |  | Yes | No |
| 18 | Click here to enter text. | |  |  | Yes | No |
| 19 | Click here to enter text. | |  |  | Yes | No |
| 20 | Click here to enter text. | |  |  | Yes | No |
| 21 | Click here to enter text. | |  |  | Yes | No |
| 22 | Click here to enter text. | |  |  | Yes | No |
| 23 | Click here to enter text. | |  |  | Yes | No |
| 24 | Click here to enter text. | |  |  | Yes | No |
| 25 | Click here to enter text. | |  |  | Yes | No |
| 26 | Click here to enter text. | |  |  | Yes | No |
| 27 | Click here to enter text. | |  |  | Yes | No |
| 28 | Click here to enter text. | |  |  | Yes | No |
| 29 | Click here to enter text. | |  |  | Yes | No |
| 30 | Click here to enter text. | |  |  | Yes | No |
| 31 | Click here to enter text. | |  |  | Yes | No |
| 32 | Click here to enter text. | |  |  | Yes | No |
| 33 | Click here to enter text. | |  |  | Yes | No |
| 34 | Click here to enter text. | |  |  | Yes | No |
| 35 | Click here to enter text. | |  |  | Yes | No |
| 36 | Click here to enter text. | |  |  | Yes | No |
| 37 | Click here to enter text. | |  |  | Yes | No |
| 38 | Click here to enter text. | |  |  | Yes | No |
| 39 | Click here to enter text. | |  |  | Yes | No |
| 40 | Click here to enter text. | |  |  | Yes | No |
| 41 | Click here to enter text. | |  |  | Yes | No |
| 42 | Click here to enter text. | |  |  | Yes | No |
| 43 | Click here to enter text. | |  |  | Yes | No |
| 44 | Click here to enter text. | |  |  | Yes | No |
| 45 | Click here to enter text. | |  |  | Yes | No |
| 46 | Click here to enter text. | |  |  | Yes | No |
| 47 | Click here to enter text. | |  |  | Yes | No |
| 48 | Click here to enter text. | |  |  | Yes | No |
| 49 | Click here to enter text. | |  |  | Yes | No |
| 50 | Click here to enter text. | |  |  | Yes | No |
| 51 | Click here to enter text. | |  |  | Yes | No |
| 52 | Click here to enter text. | |  |  | Yes | No |

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| **SECTION 6:** | **PROFESSIONAL INDEMNITY INSURANCE** | | | | | |
| 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 a date. | Expiry Date | | Click here to enter a date. |
| Value of Insurance | | (AED) | Click here to enter text. | | | |
| *(in words)* | Click here to enter text. | | | |
| Does this policy cover the Dubai Office | | | Yes | | No | |
| If ‘No’ please provide reasons: *(use additional sheets if required)* | | | | | | |
| Click here to enter text. | | | | | | |

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| **SECTION 7:** | **AMENDMENTS AND CHANGES AFFECTING FIRM LICENCE** | | |
| Since the Firm’s last renewal application, please indicate below if the Firm has undergone any of the following changes: | | | |
| Has the Firm made any changes to the entity ownership[/shareholding/partners? | | Yes | No |
| Has the Firm made any changes that affect the Firm Name that appears on the LAD licence. | | Yes | No |
| Has the Firm relocated and/or changed the commercial address of the office? | | Yes | No |
| Has the Firm made any changes that effect the information currently held by LAD. | | Yes | No |
| If you have answered 'yes' to any of the questions above please complete an amendment information approval request form. | | | |

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| **SECTION 8:** | **PRO BONO WORK LEGAL SERVICES** | | |
| Does the firm provide Pro Bono (legal services undertaken volunteering without payment or at a reduced fee)?**\*** | | Yes | No |
| If ‘Yes’ please provide details below: (use additional sheets if required) | | | |
| Click here to enter text. | | | |

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| **SECTION 9:** | | **DECLARATION AND UNDERTAKING** |
|  | I DECLARE and undertake that the contents of this application are true and correct; | |
|  | 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 I am not employed by any public or private entity other than disclosed herein, and am not engaged in any commercial activity. I undertake to 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 continuing eligibility to be licensed by the Legal Affairs Department. | |
|  | 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 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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| **SECTION 10:** | | **SUPPORTING DOCUMENTS** | | | | | | |
| Please ensure that you have attached all relevant documents to your application | | | | | | | | |
| **No.** | **DOCUMENTS/EVIDENCE** | | **Original** | **Copy** | **Signed** | **Stamped by firm** | **Notarised\*** | **Legalised\*\*** |
| **(1)** | Form LFR-12 Legal Consultancy Firm License Renewal Application Form. | | ✓ |  | ✓ | ✓ |  |  |
| **(2)** | Declaration from the Managing Partner of a licensed Firm confirming the no. of legal consultants employed by the Firm at the time of submission of the firms renewal application. Applicant’s full time employment, designation and employment start date. | | ✓ |  | ✓ | ✓ |  |  |
| **(3)** | Firm Tenancy Agreement (including all branch offices within the Emirate) (Certified by RERA or relevant authority). | | ✓ | ✓ | ✓ |  |  |  |
| **(4)** | Indemnity Insurance Policy (covering the Dubai office). | | ✓ | ✓ | ✓ |  |  |  |
| **(5)** | Commercial License (including all branch offices within the Emirate. | | ✓ | ✓ |  |  |  |  |

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