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| **LEGAL CONSULTANT INITIAL REGISTRATION APPLICATION FORM** |

**IMPORTANT: Please note: All questions marked with an asterisk (\*) are mandatory. Any questions that do not relate to your application must be marked “N/A”. You must not leave any part of the Form blank.**

**Please complete LCR-12 electronically, meaning all answers are typed and print the form to sign and date. The LAD shall not accept any handwritten forms and the applicant must ensure the original signed version is submitted to the LAD. The applicant must retain a photocopy of the completed form for future reference.**

If any details are incorrect, and/or incomplete, the Form may be returned to theapplicant for proper completion and re-submission, which could result in a delay in issuing the Registration Identification Card to the applicant.

All Legal Consultants that have **not registered on the Roll for the year 2011–2012** must pay the outstanding fees of Two Thousand Dirhams (2,000AED). Form LCR-12 must be accompanied by the prescribed fee of **Two Thousand and Ten Dirhams, (2,000 AED) registration fees + 10 AED Knowledge Fee)** payable by either cash or cheque to **“H.H. The Ruler’s Court”**. Submission of the original form including all supporting documents contained in section (10) must be sent to The Government of Dubai, Legal Affairs Department. **Applications will not be processed before full payment is made and all required supporting documents are attached**.

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| **SECTION 1:** | | **NATURE OF APPLICATION** | | | | |
| I hereby, apply to the Government of Dubai, Legal Affairs Department **(“LAD”)** to be registered as a Legal Consultant on the Roll for the year 2012-2013. I hereby apply to be registered on the following category: *(tick as appropriate)*\**:* | | | | | | |
| Practising Legal Consultant | | |  | *I wish to apply for a Legal Consultant Registration Card and have my name entered on the Government of Dubai, Legal Affairs Department Roll of* ***Practising Legal Consultants****. I declare that I am not aware of any findings, conduct or events which would disentitle me, without disclosure, to be admitted on the Roll or effect my fitness to hold a Legal Consultant Registration Card (other than that which is disclosed herewith or previously disclosed). I acknowledge that payment of prescribed Registration fee indicates that I also wish to be recognised as a Practising Legal Consultant.* | | |
| Non-Practising Legal Consultant | | |  | *I wish to apply and have my name entered on the Government of Dubai, Legal Affairs Department Roll of* ***Non- Practising Legal Consultants****. I declare that I am not aware of any findings, conduct or events which would disentitle me, without disclosure, to be admitted on the Roll or affect my fitness (other than that which is disclosed herewith or previously disclosed). I acknowledge that payment of the prescribed Registration fee indicates that shall be issued with Non Practising Legal Consultant Registration Certificate and acknowledge that I am prohibited from providing legal services under this category of registration.* | | |
| I intend to provide Legal Services in the following capacity: (tick as appropriate)\* | | | | | | |
|  | Legal Consultant employed by an Legal Consultancy Firm | | | |  | Legal Consultant employed by an Advocacy Firm |
|  | Managing Partner of a Legal Consultancy Firm | | | |  | Sole Proprietor of Legal Consultancy Firm |
| Please firmly secure a recent photograph in the space provided below, in addition: | | | | | | |
|  | | | **Instructions**   1. Please attach four (4) recent photographs (in addition to the one attached to this application form).; 2. Please print clearly on the reverse of each photograph your full name and the name of your firm; 3. Please sign and date the reverse of each photograph; 4. Please ensure the size of the photos is approximately fits in the space provided on the left hand side of this section. | | | |

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| **SECTION 2:** | **PERSONAL INFORMATION** | | | | | | | | | |
| Title\* | | Mr. | Mrs. | | Miss | Dr. | | Other: | Click here to enter text. | |
| Surname/family name\* | | Click here to enter text. | | | | | | | | |
| First name(s)\* | | Click here to enter text. | | | | | | | | |
| Former name(s)\* | | Click here to enter text. | | | | | | | | |
| Gender\* | | Female | | Male | | | Nationality\* | | | Click here to enter text. |
| Date of Birth\* | | Click here to enter a date. | | | | | Place of Birth\* | | | Click here to enter text. |
| Passport Number\* | | Click here to enter text. | | | | | Passport Country of Issue\* | | | Click here to enter text. |
| Passport Issue Date\* | | Click here to enter text. | | | | | Passport Expiry Date\* | | | Click here to enter a date. |
| Residency Visa Number\* | | Click here to enter text. | | | | | Name of Sponsor\* | | | Click here to enter text. |
| UAE Identity Card No.\* | | Click here to enter text. | | | | | | | | |
| UAE Identity Card Issue Date\* | | Click here to enter a date. | | | | | UAE Identity Card Expiry Date\* | | | Click here to enter a date. |

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| **SECTION 3:** | **CONTACT INFORMATION** | | | | | |
| Email address(s) \* | | Click here to enter text. | | | | |
| Direct line telephone(s) \* | | Click here to enter text. | | Mobile number(s) \* | | Click here to enter text. |
| Preferred method of contact: *(tick as appropriate)* | | | | | | |
| Office telephone | | | Mobile telephone | | Email | |

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| **SECTION 4:** | **EMPLOYMENT DETAILS** | | | | |
| Name of Firm\* | | Click here to enter text. | | Name of Managing Partner\* | Click here to enter text. |
| Date of joining\* | | Click here to enter a date. | | Designation (position held) \* | Click here to enter text. |
| Primary address of firm\* | | Click here to enter text. | | Secondary address of firm\* | Click here to enter text. |
| Office which you work\* | | Primary | Secondary | | |
| Billable hourly rate\* | | Click here to enter text. | | Monthly salary\* | Click here to enter text. |
| If you have changed legal consultancy firms within the last year (2011 – 2012) please complete below: | | | | | |
| Name of Firm | | Click here to enter text. | | Designation (position held) | Click here to enter text. |
| Date of joining | | Click here to enter a date. | | Date of leaving | Click here to enter a date. |
| Which one or more of the following categories best describe your areas of practise and/or your specialities? | | | | | |
| 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 5:** | **PROFESSIONAL MEMBERSHIP/QUALIFICATION(S)** | | | | |
| Please list all professional membership or qualification(s) obtained to date\* *(please use additional sheets if required)*  *(The information recorded in Section 5 must pertain to all professional qualifications obtained in the legal field. Please note that this section must not include any academic qualifications in the subject of law)* | | | | | |
| 1. **Additional Legal Qualifications** | | | | | |
| 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. | Expiry date | | Click here to enter a date. |
| 1. **Additional Legal Qualifications** | | | | | |
| 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. | Expiry date | Click here to enter a date. | |
| 1. **Additional Legal Qualifications** | | | | | |
| 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. | Expiry date | Click here to enter a date. | |
| 1. **Additional Legal Qualifications cont.** | | | | | |
| 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. | Expiry date | Click here to enter a date. | |

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| **SECTION 6:** | **ACEDEMIC QUALIFICATION(S)** | | | | |
| Please list all academic qualification(s) obtained in the study of law\* *(please use additional sheets if required)* | | | | | |
| 1. **Legal Academic Qualifications** | | | | | |
| Name of academic qualification | | Click here to enter text. | | | |
| Country / Jurisdiction obtained | | Click here to enter text. | | | |
| Name of educational institute | | Click here to enter text. | | | |
| Year obtained | | Click here to enter text. | Grade obtained | | Click here to enter text. |
| 1. **Legal Academic Qualifications** | | | | | |
| Name of academic qualification | | Click here to enter text. | | | |
| Country / Jurisdiction obtained | | Click here to enter text. | | | |
| Name of educational institute | | Click here to enter text. | | | |
| Year obtained | | Click here to enter text. | Grade obtained | Click here to enter text. | |
| 1. **Legal Academic Qualifications** | | | | | |
| Name of academic qualification | | Click here to enter text. | | | |
| Country / Jurisdiction obtained | | Click here to enter text. | | | |
| Name of educational institute | | Click here to enter text. | | | |
| Year obtained | | Click here to enter text. | Grade obtained | Click here to enter text. | |

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| **SECTION 7:** | **PROFESSIONAL LEGAL EXPERIENCE** | |
| Please select the categories of employment where you obtained your professional legal experience\* | | |
| **Legal Consultancy Firm (within UAE)** | |  |
| Name of Organisation | | Click here to enter text. |
| Designation/Title | | Click here to enter text. |
| Nature of duties | | Click here to enter text. |
| **Legal Consultancy Firm (Outside UAE)** | |  |
| Name of Organisation | | Click here to enter text. |
| Designation/Title | | Click here to enter text. |
| Nature of duties | | Click here to enter text. |
| **Advocacy Firm (within the UAE)** | |  |
| Name of Organisation | | Click here to enter text. |
| Designation/Title | | Click here to enter text. |
| Nature of duties | | Click here to enter text. |
| **Advocacy Firm (outside UAE)** | |  |
| Name of Organisation | | Click here to enter text. |
| Designation/Title | | Click here to enter text. |
| Nature of duties | | Click here to enter text. |
| **Commercial company (within UAE)** | |  |
| Name of Organisation | | Click here to enter text. |
| Designation/Title | | Click here to enter text. |
| Nature of duties | | Click here to enter text. |
| **Commercial company (outside UAE)** | |  |
| Name of Organisation | | Click here to enter text. |
| Designation/Title | | Click here to enter text. |
| Nature of duties | | Click here to enter text. |
| **Government Department (within the UAE)** | |  |
| Name of Organisation | | Click here to enter text. |
| Designation/Title | | Click here to enter text. |
| Nature of duties | | Click here to enter text. |
| **Government Department (outside UAE)** | |  |
| Name of Organisation | | Click here to enter text. |
| Designation/Title | | Click here to enter text. |
| Nature of duties | | Click here to enter text. |
| **Other legal organisation** | |  |
| Name of Organisation | | Click here to enter text. |
| Designation/Title | | Click here to enter text. |
| Nature of duties | | Click here to enter text. |
| **Non- legal organisation** | |  |
| Name of Organisation | | Click here to enter text. |
| Designation/Title | | Click here to enter text. |
| Nature of duties | | Click here to enter text. |

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| Please provide details of professional legal experience since the date your professional legal qualification was obtained: | | | | |
| Name of organisation where the experience was obtained | | Click here to enter text. | | |
| Length of time within the organisation | | Click here to enter text. | | |
| Name and designation of supervisor/referee | | Click here to enter text. | | |
| **Contact details of supervisor/referee** | | | | |
| Email Address | Click here to enter text. | | Telephone No. | Click here to enter text. |
| 1. **Additional Legal Experience:** | | | | |
| Name of organisation where the experience was obtained | | Click here to enter text. | | |
| Length of time within the organisation | | Click here to enter text. | | |
| Name and designation of supervisor/referee | | Click here to enter text. | | |
| **Contact details of supervisor/referee** | | | | |
| Email Address | Click here to enter text. | | Telephone No. | Click here to enter text. |
| 1. **Additional Legal Experience:** | | | | |
| Name of organisation where the experience was obtained | | Click here to enter text. | | |
| Length of time within the organisation | | Click here to enter text. | | |
| Name and designation of supervisor/referee | | Click here to enter text. | | |
| **Contact details of supervisor/referee** | | | | |
| Email Address | Click here to enter text. | | Email Address | Click here to enter text. |
| 1. **Additional Legal Experience:** | | | | |
| Name of organisation where the experience was obtained | | Click here to enter text. | | |
| Length of time within the organisation | | Click here to enter text. | | |
| Name and designation of supervisor/referee | | Click here to enter text. | | |
| **Contact details of supervisor/referee** | | | | |
| Email Address | Click here to enter text. | | Email Address | Click here to enter text. |
| Please enclose a copy of your current job description if you have one, if not please describe below the legal work you currently undertake on a daily basis. *(Please use additional sheets if required).* | | | | |
| Click here to enter text. | | | | |

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| **LANGUAGE(S) IN PRACTISE** | | | |
| Please indicate the language used when engaging in legal practise/ providing Legal Services. | Arabic | English | Other  Click here to enter text. |
| Please indicate the nature of Legal Services offered in the above specified language. | Written | Spoken /Verbal |  |

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| **SECTION 8:** | **ELIGIBILITY FIT AND PROPER PERSON** | | |
| Since your admission or since receipt of your last academic/professional qualification (whichever is most recent) \*: | | | |
| Has your name been struck off of a local or foreign Roll, and not been restored? | | Yes | No |
| Is your right to practice as a lawyer, Legal Consultant or Advocate currently under suspension within the UAE or in a foreign country? | | Yes | No |
| Have you ever been subject to disciplinary sanctions for professional misconduct or unethical behaviour in the UAE or in a foreign country arising out of the practice of law? | | Yes | No |
| Are you currently the subject of a disciplinary action or an on-going investigation in the UAE or in a foreign country arising out of the practice of law? | | Yes | No |
| If you have answered 'yes' to any of the questions above please provide detailed information using the additional sheets provided. | | | |

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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 Register me as a Legal Consultant, 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 Government of Dubai Legal Affairs Department, as soon as practicable, information about any matter that might affect my 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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| **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\*\*** |
|  | Form LCI-12 Legal Consultant Initial Registration Application Form | | ✓ |  | ✓ | ✓ |  |  |
|  | Evidence of Professional Legal Qualification – evidence of qualification that would qualify the person for admission to the legal profession as a Legal Consultant (or equivalent) in the Home Jurisdiction where the applicant is authorised to practice law as a qualified Legal Consultant **[[1]](#footnote-1)** (or equivalent). The evidence of qualification must be fully legalised and issued from the entity responsible for regulating the legal profession in the Home Jurisdiction. | | ✓ | ✓ | ✓ |  |  | ✓ |
|  | Current updated CV | | ✓ |  |  |  |  |  |
|  | Five (5) passport sized photographs (signed, dated & name printed on reserve) | | ✓ | ✓ | ✓ |  |  |  |
|  | Passport and residency visa (sponsor must be the employed firm) | | ✓ | ✓ |  |  |  |  |
|  | Payment of Registration fee Two Thousand Dirhams (2,010 AED) payable by cash or cheque made to “H.H. The Rulers Court” | |  |  |  |  |  |  |
|  | United Arab Emirates Identification Card | | ✓ | ✓ |  |  |  |  |
|  | A valid certificate of good conduct (issued from Dubai Police) | | ✓ | ✓ |  |  |  |  |

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| **Applicant Full Name:** | Click here to enter text. |
| **Signature:** |  |
| **Date:** |  |

1. If the original documents are in a language other than Arabic or English, the applicant must submit a certified Arabic and English translation of the document. [↑](#footnote-ref-1)