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| **LEGAL CONSULTANT REGISTRATION RENEWAL APPLICATION FORM** |

**IMPORTANT: Legal Consultants who wish to renew their Registration on the Roll must submit an application for Registration Renewal within thirty (30) days from the date of registration expiry.**

### Please complete Legal Consultant Renewal Registration Application Form **(“LCR-13”)** 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 the applicant for proper completion and re-submission, which could result in a delay in issuing the registration Identification Card to the applicant.

### **Eligibility to renew Registration on the Roll of Practising Legal Consultants**

### Legal Consultants may apply to the Department for renewal of annual registration on the roll of practising legal consultants subject to the following conditions: The applicant must demonstrate full compliance and confirm that he/she:

### Has been Registered by the Department on the Roll as a practising Legal Consultant;

### Has been issued with a Legal Consultant Registration Identification Card;

### Has full time employment with a Licensed Advocacy or Legal Consultancy Firm in the Emirate; or is the owner of a Licensed Sole Establishment Legal Consultancy Firm;

### Holds a professional legal qualification obtained in his or her Home Jurisdiction and is authorised to practise the law of his or her Home Jurisdiction without restriction;

### Has not had his or her right to practise law in any jurisdiction suspended or revoked;

### Has paid all Registration Fees and/or cleared payment of any outstanding fines;

### Applications Registration Renewals must be submitted to the Department either by hand or couriered to

### **The Government of Dubai Legal Affairs Department**

### **PO Box 446**

### **Dubai**

### **United Arab Emirates**

### The Department will not accept applications submitted in electronic form. Processing of an application will only commence upon receipt of the completed form, **ALL** supporting documentation and the prescribed fee.

### **Legalised copy**

### Once the document has been legalised by the appropriate embassy, consulate or foreign office, the document must then also be legalised by the United Arab Emirates Embassy within that country.

### To complete the legalisation process, the final step is for the document to be stamped by the Ministry of Foreign Affairs within the United Arab Emirates.

### **Certified copy**

### All certified copies of requested documents must be duly certified by a member of the Government of Dubai Legal Affairs Department. Upon submission of the application it is obligatory for each applicant to provide all original documents for certification by a member of the Legal Consultants Licensing Section.

### The Government of Dubai Legal Affairs Department accepts in certain limited circumstances that some original documents may not be furnished to the Department. Any exception to this mandatory obligation shall be adjudicated on a case by case basis.

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| **SECTION 1: PERSONAL DETAILS**  |
| 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\* | [ ]  Male  | [ ]  Female  | 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. |
| Emirates Identity Card No\* | Click here to enter text. | Emirates Identity Card Expiry Date\* | Click here to enter a date. |
| 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. |
| Since your initial registration have any of your contact details changed?\* | [ ]  Yes | [ ]  No |
| *If Yes, please state:* Click here to enter text. |
| 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 approximately fits in the space provided on the left hand side of this section.
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| **SECTION 2: NATURE OF APPLICATION** |
| I hereby, apply to the Government of Dubai Legal Affairs Department **(“LAD”)** to renew registration as a Legal Consultant on the LAD Roll. I hereby apply to renew registration on the following category: *(tick as appropriate)*\**:* |
| Practising Legal Consultant | [ ]  | I wish to apply for a renewed Legal Consultant Registration Card and renew my enrolment 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 affect 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 to renew registration 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 I 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 a Legal Consultancy Firm | [ ]  | Legal Consultant employed by an Advocacy Firm |
| [ ]  | Managing Partner of a Legal Consultancy Firm | [ ]  | Sole Proprietor of Legal Consultancy Firm |
| **REGISTRATION CARD DETAILS**  |
| Legal Consultant Registration Number\* | Click here to enter text. |
| Registration Issue Date\* | Click here to enter text. | Registration Expiry Date\* | Click here to enter text. |

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| **SECTION 3: EMPLOYMENT DETAILS**  |
| Name of Firm\* | Click here to enter text. | Name of Managing Partner\*  | Click here to enter text. |
| Type of Firm  | Advocacy Firm | [ ]  | Legal Consultancy Firm | [ ]  |
| 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 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. |

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| **SECTION 4: PROFESSIONAL LEGAL EXPERIENCE**  |
| Please give details of specific legal work carried out during the last year that demonstrates the type of work undertaken during practise *(please use additional sheets if required)* |
| 1. **Legal Experience**
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| Area(s) of Law\* (*e.g. Real Estate)* | Click here to enter text.  |
| Nature of work\* (*e.g. Litigation)* | Click here to enter text. |
| Duties and Responsibilities\* | Click here to enter text. |
| Supervisor Name\* | Click here to enter text. | Supervisor Designation  | Click here to enter text. |
| Type of client(s)\*(prominently the type of clients retained\*) | Individuals | [ ]  | Government Authorities | [ ]  |
| Corporate Companies | [ ]  | Private Clients | [ ]  |
| 1. **Rights of Audience**
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| Please give details of any registered rights of audienceobtained within Emirate of Dubai *(right of audience is a right to appear and conduct proceedings in court or arbitration hearing on behalf of a client)* |
| Name of Authority (*e.g. DIFC Courts)* | Click here to enter text. |
| Area(s) of Law | 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 5: ELIGIBILITY - FIT AND PROPER PERSON** |
| Since your registration on the Departments’ Roll or since receipt of your last Legal Consultant Registration Identification Card (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 |
| Has a client filed a complaint against you? \* | [ ]  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 6: DECLARATION AND UNDERTAKING** |
| ***Initial:*** *Please print this form and initial against each declaration and undertaking in the space box provided:*  |
| 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 7: 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 LCR-13 Legal Consultant Registration Renewal Application Form | ✓ |  | ✓ | ✓ |  |  |
|  | Original Legal Consultant Registration Identification Card  | ✓ |  |  |  |  |  |
|  | 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 and ten Dirhams (2,010 AED) payable by cash or cheque made to “H.H. The Ruler’s Court” |  |  |  |  |  |  |

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