| **Abu Dhabi Free Zone Registration & Licensing Application**  |
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|  |  |
| **1. Company/Individual Contact Details** |
| **Company/Individual Name** | **Country Of Origin** (Head Office Location) |
|       |       |
| **Physical Address** (PO Box, City, State & Zip if applicable, Country) |
|       |
| **Name of the Authorised Signatory / Power of Attorney Holder** (if different to applicant) |
|       |
| **Business Phone Number / Mobile**  | **Fax Number** (Optional) |
|       |       |
| **Email address** | **Website** (Optional) |
|       |       |
| **Current Business Activities** (if applicable) |
|       |
|  |  |
| **2. Facility Requirement Details** |
| [ ]  **Land** | [ ]  **Warehouse** | [ ]  **Office** | [ ]  **Workstation** |
| **3. Registration & Licensing** |
| **3.1 Company Type** |
| [ ]  Ltd – Corporate [ ]  Ltd – Natural [ ]  Ltd – Natural and Corporate[ ]  Branch of a UAE Company [ ]  Branch of a Foreign Company  |
| **3.2 License Type** |
| [ ]  Industrial | [ ]  Trading | [ ]  Service |
| **3.3 Proposed Name of the Company** (If you are opening a new Company) |
| **Option 1 (Priority 1)**  |  |
| **Option 2 (Priority 2)**  |  |
| **Option 3 (Priority 3)**  |  |
| **3.4 Share Capital (AED)** (minimum share capital is AED 150,000 and minimum par value of each share is AED 1,000 or multiples thereof) |
| **AED**       |
| **3.5 Shareholders**  |
| Name (First, Last)  | Postal Address | Number of Shares | Total Value of Shares |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| **3.6 Negotiator / Legal Representative’s Name & Address in UAE with required document** (if Applicable) |
|       |
| Tel :       | Fax:       |
| *Note :if you require additional space for additional Directors, a separate sheet should be attached to this application* |
| **3.7 Board of Directors** |
|  |
| Name (First, Last) | Postal Address &Email ID | Nationality &Mobile No. | Resident in UAE  |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| *Note :if you require additional space for additional Directors, a separate sheet should be attached to this application* |
| **3.8 Manager** |
| Name (First, Last) | Postal Address &Email ID | Nationality &Mobile No. | Resident in UAE  |
|       |       |       |       |
| **3.9 Secretary** |
| Name (First, Last) | Postal Address &Email ID | Nationality &Mobile No. | Resident in UAE  |
|       |       |       |       |
| **3.10 Compliance Officer – applicable if proposed entity is subject to anti money laundering** |
| Name (First, Last) | Postal Address | Nationality  | Resident in UAE  |
|       |       |       |       |
| **3.11 Banker’s Details (must be in the UAE)** |
| Name  |  Branch |
|       |        |
| **3.12 Business Activity** [Download the list of available activities for service and trading license from the website. List up to 5 activities (maximum) below for company license] |
| **Activity** | **Activity Group Code** | **Group Name** | **KEZAD Code** | **Activity Description** |
| Activity 1 |       |       |       |       |
| Activity 2 |       |       |       |       |
| Activity 3 |       |       |       |       |
| Activity 4 |       |       |       |       |
| Activity 5 |       |       |       |       |
|  |  |  |  |
| **4. Undertaking** |
| By signing below, I / We hereby certify that I / We an authorized party who has the capacity and authority to make this Application for Registration & Licensing with the Abu Dhabi Free Zone. I / We accept to settle all fee(s) that are applicable as a result of this Application. I / We also certify that all information provided is correct to the best of my/our knowledge. I / We further certify that I / We shall comply with all regulations in force in the Abu Dhabi Free Zone issued pursuant to Law No. 6 of 2006 of the Emirates of Abu Dhabi and any other applicable law. https://www.kizad.ae/regulations/ |
| **5. Name of the Authorized Signatory on behalf of the Founders** |
| Name  | Date | Signature |
|       |       |       |
| **Required Documents:** Please attach the items listed below to ensure timely processing of your application: |
| * Passport copy, UAE visa and EID copy (if applicable), Entry Stamp (applicable for Non visa holders) of the individuals.
 |
| * Power of attorney (if you are not the owner/directly employed by the Applicant Company)
 |
| * For Consultancy Activity (only), attach copy of the educational certificate(s) attested by UAE Embassy (in certificate issuance country).
 |
| * No Objection Certificate in Arabic from current employer, if UAE resident.
 |
| **6. VAT Declaration** |
| Registered to Value Added Tax (VAT): |[ ]   Yes |[x]   No |
| If Yes, provide your TRN number below and upload a copy of the VAT certificate:  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| If No, sign below declaration:I hereby confirm that I am currently not registered for value added tax in UAE, and I will be committed to provide the Tax registration number and tax registration certificate as soon as I register for value added tax in UAE. |
| Signature: |  |  Name: |  |  Date:  | // |

| **For Kezad Internal Approval** |
| --- |
|  |
| **Registered Agent (if applicable)** |
| Name  | Date | Signature |
|       |       |       |
| **Sales Contact** |
| Name  | Date | Signature |
|       |       |       |