

# LICENSE APPLICATION

To be typed. All fields are mandatory.

## Details of Existing Company (If any). To be filled only for LLC Corp. or Branch only

Company Name:	Address:
Country of Origin:	P.O. Box:
Name of Contact Person:	Fax:
E-mail:	Telephone:
Mobile:	City, Country:
Activities:	

## Local or Legal Contact / Representative Details (Required)

Name of Contact person:	Address:
E-mail:	P.O. Box:
Mobile:	Fax:
Telephone:	City, Country:

## Required Facilities

Select Facility Type:	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Land	<input type="checkbox"/> Retail Space	<input type="checkbox"/> Commercial Office
	<input type="checkbox"/> Executive Desk	<input type="checkbox"/> Furnished Office	<input type="checkbox"/> Flexi Desk	
Area Required (Sq.m):				
Required by (Month / Year):				

## Proposed Company Structure

New Company	<input type="checkbox"/> LLC Natural (Individual)	<input type="checkbox"/> LLC Corporate (Non-Individual)	
Branch	<input type="checkbox"/> Branch of a Foreign Company	<input type="checkbox"/> Branch of a UAE Based Company	<input type="checkbox"/> Branch of Free Zone company

## Proposed Trade Name ( Please provide 3 options):

(Not Required for a Branch Company)

Proposed Name of Company 1: English	_____
: Arabic	_____
Proposed Name of Company 2: English	_____
: Arabic	_____
Proposed Name of Company 3: English	_____
: Arabic	_____

## Segment Type:

(Each segment represents one license. Multiple segments can be selected, however each is charged independently)

<input type="checkbox"/> Industrial	<input type="checkbox"/> Trading	<input type="checkbox"/> Service
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### Activity Details/Description:

(Description Should Match the Business Plan)

### Applicant Signature:

Name:	Signature: _____
Position:	
Date:	

## REGISTRATION APPLICATION FOR A LIMITED LIABILITY COMPANY (LLC)

To be filled for setting up LLC only, not applicable for branches.

A Limited Liability Company in ADAFZ is incorporated pursuant to Amiri Decree No. 5 of 2006 and regulations issued thereunder. We hereby apply for registration with ADAFZ as a Limited Liability Company.

### 1. Details Concerning the Limited Liability Company

Share Capital (amount in AED):	
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### 2. Details Concerning the Applicant Founders (Shareholders)<sup>1</sup>

Name (First, Last)	Postal Address	Number of Shares	Par Value of Shares <sup>2</sup>

### 3. Directors

Name (First, Last)	Postal Address

### 4. Manager

Name (First, Last)	Postal Address

<sup>1</sup>Minimum Share Capital is to be checked with ADAFZ Registration Team.

<sup>2</sup>Amount of each Share to be checked with ADAFZ Registration Team.

#### Proposed Banker's Details (must be in Abu Dhabi)

Name:

Branch:

#### 4. Undertaking

By signing below, I/We hereby certify that I/We am an authorized party who has the capacity and authority to make this Application for Registration with ADAFZ. 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 ADAFZ issued pursuant to Amiri Decree No. 5 of 2006 of the Emirates of Abu Dhabi.

Name of Authorised Signatory on behalf of the Founders

Date:

#### For Office Use

Application / Documentation Approval

Application / Documentation Approval

Name:

Name:

Signature:

Signature:

Date:

Date:

#### Notes:

- \* The ADAFZ License's Manager should get ADAFZ Sponsorship Visa. (if Applicable)
- \* Application submission should be by the Shareholder / Manager / Representaive or Power Of Attorney holders (Original Documents Required)
- \* Some Segments / Economic Activities will require approvals from other concerned Government Authorities.
- \* Please Submit the form to: Sales Department, Abu Dhabi Airport Free Zone, P.O. Box: 7040, Abu Dhabi, UAE
- \* Direct Sales Telephone Line: +971 2 5053425, Toll Free 8001111, Fax: +971 2 5055922, E-Mail: [info@adafz.ae](mailto:info@adafz.ae), Website: [www.adafz.ae](http://www.adafz.ae)