

PERSONAL DETAILS

FIRST NAME _____ LAST NAME _____

ADDRESS _____

LAND LINE NO: _____ MOBILE NO: _____

EMAIL ID _____ WEBSITE _____

TYPE OF ENTITY

FREE ZONE COMPANY (FZC)
 FREE ZONE ESTABLISHMENT (FZE)
 BRANCH OF A COMPANY

PROPOSED NAME (ON PREFERENTIAL BASIS)

1 _____

2 _____

3 _____

SHAREHOLDER DETAILS

	NAME	ADDRESS	# OF SHARES	TOTAL SHARE VALUE (AED)
1				
2				
3				
4				

* THE MINIMUM CAPITAL IS AED: 300,000/- * PAR VALUE OF ONE SHARE IS AED: 1000/- * MAXIMUM 50 SHAREHOLDERS. * ATTACH SEPARATE SHEET FOR THE ADDITIONAL SHAREHOLDER DETAILS.

DIRECTOR DETAILS (APPLICABLE TO FZE AND FZC ONLY)

	DIRECTOR'S NAME	ADDRESS
1		
2		
3		
4		

MANAGER & SECRETARY DETAILS

MANAGER NAME _____ ADDRESS _____

SECRETARY NAME _____ ADDRESS _____

* SHAREHOLDER, DIRECTOR, MANAGER & SECRETARY CAN BE THE SAME PERSON

TYPE OF LICENSE REQUIRED

- COMMERCIAL CONSULTANCY GENERAL TRADING INDUSTRIAL FREELANCER PERMIT

TYPE OF ACTIVITY REQUIRED

REQUIRED ACTIVITY

FACILITIES REQUIRED

- PREMIUM OFFICE PLOT OF LAND AREA: WARE HOUSE AREA: STANDARD OFFICE AREA:

HOW DID U HEAR ABOUT UAQ FTZ?

WHOM DID YOU MEET IN UAQFTZ?

I ACKNOWLEDGE THAT USE OF THE UAQFTZ IS SUBJECT TO THE ATTACHED TERMS OF USE, WHICH I HEREBY ACCEPT. I ALSO CONFIRM THAT I AM AUTHARISED TO ACT ON BEHALF OF THE APPLICANT AND I HEREBY DECLARE THAT THE INFORMATION IN THIS FORM IS TRUE AND CORRECT AS AT THE DATE OF SIGNATURE.

NAME SIGNATURE DATE

FOR OFFICE USE ONLY

APPROVED

NOT APPROVED

REMARKS

NAME DESIGNATION SIGNATURE DATE