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| **LEGAL CONSULTANCY FIRM LICENCE – BRANCH OFFICE APPLICATION FORM (EXEMPTION)** |

**This form must be completed by a firm applying to The Government of Dubai Legal Affairs Department for a licence and to be recorded on the Register of Legal Consultancy Firms.**

* Please complete this form electronically, meaning all answers must be typed and the form must be signed and dated by the person(s) with the authority to sign on behalf of the applicant firm. The Department will not accept any handwritten forms.
* Please note that all questions are mandatory.
* If any details or supporting documents are incorrect and/or incomplete, the form may be returned to the applicant for proper completion and re-submission.
* In the event that the application is approved, the prescribed fee for a legal consultancy firm licence – Branch Office (Exemption) is AED 3,000 per Legal Consultant employed by the Firm (provided that the total fees may not be less than AED 15,000) + AED 10 Knowledge Fee + AED 10 Innovation Fee.
* Non-payment of the fee shall result in cancellation of the application.

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| **SECTION 1:** | **FIRM HEAD OFFICE DETAILS** | | | |
| **Please record details below as per the firm’s incorporation certificate** | | | | |
| **Firm Name:** | |  | | |
| **Jurisdiction of Incorporation:** | |  | | |
| **Legal Entity:** | |  | | |
| **Date of Incorporation:** | |  | | |
| **No. of Other Offices:**  (within the jurisdiction of incorporation) | |  | **No. of International Offices:** |  |
| **Jurisdictions of International Offices:** | |  | | |
| **Legal Practice Area(s):** | |  | | |
| **Total No. of Partners:** | |  | **Total No. of Legal Consultants:** |  |
| **Main Contact Number:** | |  | | |
| **Main Email Address:** | |  | | |

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| **SECTION 2:** | **PROPOSED DUBAI BRANCH OFFICE DETAILS** | | | |
| **Please record the information relating to the proposed set up of the Dubai office** | | | | |
| **Firm Name:** | |  | | |
| **Type of Legal Entity:**  (e.g/ LLP, Branch of a Foreign Company, etc) | |  | | |
| **Licensing Authority:**  (DED, DIFC, DMCC, Other) | |  | | |
| **No. of Partners:** | |  | **No. of Legal Consultants:**  (must be a minimum of three (3) including the managing partner) |  |

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| **SECTION 3:** | **PROPOSED MANAGING PARTNER DETAILS** | | | |
| **Name of Managing Partner:** | |  | | |
| Is the proposed Managing Partner of the Dubai office currently registered as a Legal Consultant with the Government of Dubai Legal Affairs Department? | | | Yes | No |
| If yes, please provide the Legal Consultant Registration**:** | | |  | |
| **Name of Professional Qualification:** | |  | | |
| **Name of Regulatory Authority:** | |  | | |
| **Country / Jurisdiction Obtained:** | |  | | |
| **Year Obtained:** | |  | | |
| **No. of years’ experience within the UAE:** | |  | | |
| **No. of years’ experience outside the UAE:** | |  | | |
| **Legal Practice Area(s):** | |  | | |
| **Professional Memberships:** | |  | | |
| **Nationality:** | |  | | |
| **Mobile Phone Number:** | |  | | |
| **Email Address:** | |  | | |

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| **SECTION 4:** | **PROPOSED LEGAL CONSULTANTS DETAILS** | | | |
| 1. **Name of Legal Consultant:** | |  | | |
| Is the proposed legal consultant currently registered as Legal Consultant with the Government of Dubai Legal Affairs Department? | | | Yes | No |
| If yes, please provide the Legal Consultant Registration Number**:** | | |  | |
| **Name of Professional Qualification:** | |  | | |
| **Name of Regulatory Authority:** | |  | | |
| **Country / Jurisdiction Obtained:** | |  | | |
| **Year Obtained:** | |  | | |
| **Nationality:** | |  | | |
| **Legal Practice Area(s):** | |  | | |
| **No. of years’ experience within the UAE:** | |  | | |
| **No. of years’ experience outside the UAE:** | |  | | |
| **Mobile Phone Number:** | |  | | |
| **Email Address:** | |  | | |
| 1. **Name of Legal Consultant:** | |  | | |
| Is the proposed legal consultant currently registered as Legal Consultant with the Government of Dubai Legal Affairs Department? | | | Yes | No |
| If yes, please provide the Legal Consultant Registration Number**:** | | |  | |
| **Name of Professional Qualification:** | |  | | |
| **Name of Regulatory Authority:** | |  | | |
| **Country / Jurisdiction Obtained:** | |  | | |
| **Year Obtained:** | |  | | |
| **Nationality:** | |  | | |
| **Legal Practice Area(s):** | |  | | |
| **No. of years’ experience within the UAE:** | |  | | |
| **No. of years’ experience outside the UAE:** | |  | | |
| **Mobile Phone Number:** | |  | | |
| **Email Address:** | |  | | |
| 1. **Name of Legal Consultant:** | |  | | |
| Is the proposed legal consultant currently registered as Legal Consultant with the Government of Dubai Legal Affairs Department? | | | Yes | No |
| If yes, please provide the Legal Consultant Registration Number**:** | | |  | |
| **Name of Professional Qualification:** | |  | | |
| **Name of Regulatory Authority:** | |  | | |
| **Country / Jurisdiction Obtained:** | |  | | |
| **Year Obtained:** | |  | | |
| **Nationality:** | |  | | |
| **Legal Practice Area(s):** | |  | | |
| **No. of years’ experience within the UAE:** | |  | | |
| **No. of years’ experience outside the UAE:** | |  | | |
| **Mobile Phone Number:** | |  | | |
| **Email Address:** | |  | | |

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| **SECTION 5:** | **BUSINESS PLAN** |
| **PART I: OVERVIEW** | |
| Please complete the details below relating to the background of the Head Office. | |
| **Introduction to the Firm:**  (History of the firm, growth, legal practice areas, merits and achievements etc) | |
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| **Mission, Vision & Strategic Goals of the Firm:** | |
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| **Is there a Code of Professional Conduct applied in the firm?**  (any policies and procedures related to complaints, breaches etc.) | |
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| **Does the firm engage in Pro Bono Legal Work?** | |
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| **PART II: OPERATIONS** | |
| **Please complete the details below relating to the proposed operations of the Dubai office.** | |
| **Market Analysis:**  (Research into the current Dubai market and the offerings of legal services in the firm’s expertise) | |
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| **Proposed Services:** | |
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| **Proposed Areas of Practice:**  (must fulfil the exemption requirement of a unique legal service or a demand for the legal service in the UAE market & contain evidence to support) | |
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| **Target Market:**  (Current or potential clients in the UAE, other jurisdictions outside of the UAE) | |
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| **How the Firm proposes to add value to the Legal Profession in the UAE:** | |
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| **Firm’s knowledge of the laws of Dubai and the UAE:** | |
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| **Language(s) the Firm propose to give legal advice in:** | |
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| **Organisational Plan/Business Structure:** | |
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| **Marketing Strategy:** | |
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| **Proposed involvement in the Department’s Pro Bono Program:** | |
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| **PART III: FINANCIAL OVERVIEW** | |
| **Please complete the details below relating to the proposed financial projections for the first 3-5 years** | |
| **Funding & Capital of the Dubai Office:**  (Source & use of funds, capital required for set up) | |
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| **Current & Projected Financials:** | |
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| **Costing & Expenses**: | |
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| **Pricing Strategy for Clients:** | |
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| **Payment Options for Clients:** | |
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| **PART IV: ADDITIONAL INFORMATION** |
| **Please provide any additional information in support of the Firm’s application:** |
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| **SECTION 6:** | **DECLARATION AND UNDERTAKING** | |
| **I acknowledge that the following is correct at the time of submitting this application:** | | |
| That the firm has a minimum of (8) years incorporation | |  |
| That the managing partner has a minimum of (8) years Post Qualification Experience (PQE) | |  |

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| **SECTION 7:** | | **SUPPORTING DOCUMENTS** |
|  | Legalised Incorporation Certificate or equivalent of Head Office (evidencing a minimum of 8 years’ incorporation). | |
|  | Legalised Power of Attorney issued from the Head Office conferring the powers and authorities to the appointed managing partner of the Dubai office. | |
|  | Legalised Resolution issued by the Head office, resolving and approving the establishment of a branch office of the firm in the Emirate of Dubai. | |
|  | Incorporation Certificate(s) of Branch/ Regional Offices (if any). | |

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| **Full Name of Applicant** |  |
| **Signature** |  |
| **Date** |  |