|  |
| --- |
| **LEGAL CONSULTANCY FIRM LICENCE – COMPANY OR PARTNERSHIP APPLICATION FORM** |

**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 shall 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 – Company/Partnership Office is AED 3,000 per Legal Consultant employed by the Firm + AED 10 Knowledge Fee + AED 10 Innovation Fee.
* Non-payment of the fee shall result in cancellation of the application.

|  |  |
| --- | --- |
| **SECTION 1:** | **PROPOSED DUBAI OFFICE DETAILS** |
| **Please record the information relating to the proposed set up of the Dubai office** |
| **Firm Name:** (must contain the names of the proposed partners) |  |
| **Type of Legal Entity:**(e.g/ Civil Company, LLC, Partnership etc) |  |
| **Licensing Authority:**(DET, DIFC, DMCC, Other) |  |
| **No. of Partners:** |  |
| **No. of Legal Consultants:** |  |

|  |  |
| --- | --- |
| **SECTION 2:** | **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 Number**:** |  |
| **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:** |  |
| **Nationality:** |  |
| **Legal Practice Area(s):** |  |
| **Professional Memberships:** |  |
| **Mobile Phone Number:** |  |
| **Email Address:** |  |

|  |  |
| --- | --- |
| **SECTION 3:** | **PROPOSED PARTNER (S) 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:** |  |
| **No. of years’ experience within the UAE:**  |  |
| **No. of years’ experience outside the UAE:** |  |
| **Nationality:** |  |
| **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:** |  |
| **No. of years’ experience within the UAE:**  |  |
| **No. of years’ experience outside the UAE:** |  |
| **Nationality:** |  |
| **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:** |  |
| **No. of years’ experience within the UAE:**  |  |
| **No. of years’ experience outside the UAE:** |  |
| **Nationality:** |  |
| **Mobile Phone Number:** |  |
| **Email Address:** |  |

|  |  |
| --- | --- |
| **SECTION 4:** | **PROPOSED LEGAL CONSULTANT 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):** |  |
| **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):** |  |
| **Mobile Phone Number:** |  |
| **Email Address:** |  |

|  |  |
| --- | --- |
| **SECTION 5:** | **BUSINESS PLAN** |
| **PART I: OVERVIEW** |
| **Please complete the details below relating to the background of the Partners.** |
| **History of experience:** (Experience of the partners, expertise, merits and achievements etc) |
|  |
| **Do any of the partners have experience in managing an office?** |
|  |
| **Mission, vision & strategic goals of the Firm:** |
|  |
| **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) |
|  |
| **Proposed Services:** |
|  |
| **Proposed Areas of Practice:** |
|  |
| **Target Market:** (Current or potential clients in the UAE, other jurisdictions outside of the UAE) |
|  |
| **How the Firm proposes to add value to the Legal Profession in the UAE:** |
|  |
| **Partner’s knowledge of the laws of Dubai and the UAE:** |
|  |
| **Language(s) the Firm propose to give legal advice in:** |
|  |
| **Organisational Plan/Business Structure:** |
|  |
| **Marketing Strategy:** |
|  |
| **Proposed involvement in the Department’s Pro Bono Program:** |
|  |
| **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) |
|  |
| **Current & Projected Financials:**  |
|  |
| **Costing & Expenses**: |
|  |
| **Pricing Strategy for Clients:** |
|  |
| **Payment Options for Clients:**  |
|  |

|  |
| --- |
| **PART IV: ADDITIONAL INFORMATION** |
| **Please provide any additional information in support of the Firm’s application:**  |
|  |

|  |  |
| --- | --- |
| **SECTION 6:** | **DECLARATION AND UNDERTAKING** |
| **I acknowledge that the following is correct at the time of submitting this application:** |
| That all the proposed partners are qualified legal consultants. | [ ]  |
| That all the proposed partners have obtained a minimum of two (2) consecutive years of practical legal experience within the UAE. | [ ]  |
| That all the proposed partners are UAE Nationals. | [ ]  |

|  |  |
| --- | --- |
| **SECTION 7:** | **SUPPORTING DOCUMENTS** |
|  | Academic Qualification in Law (Legalised if obtained outside the UAE or Stamped by Ministry of Education if obtained in UAE) for each partner. |
|  | Letter(s) of legal experience issued from the entities in which it was acquired, evidencing two (2) consecutive years’ of practical legal experience in the UAE. The legal experience must show that the applicant acquired legal knowledge and understanding of the law and the legal skills required to perform duties of a legal consultant for each partner. |
|  | Emirates ID (front & back). |

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