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| **LEGAL CONSULTANCY FIRM CANCELLATION OF LICENCE APPLICATION FORM** |

**This form must be completed by all legal consultancy firms applying to The Government of Dubai Legal Affairs Department for cancellation of professional licence.**

* Please complete this form electronically, meaning all answers are typed and the form must be signed and dated by the person(s) with the authority to sign on behalf of the 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.

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| **SECTION 1:** | **LEGAL CONSULTANCY FIRM INFORMATION** | |
| **Name of Firm:** | |  |
| **Name of Managing Partner:** | |  |
| **Office Address:** | |  |
| **Email Address:** | |  |
| **Phone Number:** | |  |

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| **SECTION 2:** | **LEGAL CONSULTANCY FIRM LICENCE INFORMATION** | |
| **Legal Consultancy Firm Licence Number:** | |  |
| **Legal Consultancy Firm Licence Issue Date:** | |  |
| **Legal Consultancy Firm Licence Expiry Date:** | |  |

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| **SECTION 3:** | **CANCELLATION OF LICENCE INFORMATION** | |
| **Reason(s) For Cancellation:** | |  |

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| **SECTION 4:** | **DECLARATION & UNDERTAKING** |
| I DECLARE that all Firm commitments arising through the provision of legal services are satisfied ensuring that ceasing operation does not disproportionately affect client rights and/or client interests. | |
| I UNDERTAKE that All registered legal consultants will arrange to transfer their registration to the roll of non-practising. | |

| **SECTION 5:** | **SUPPORTING DOCUMENTS** |
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| **For Company/ Partnership Legal Consultancy Firms:** | |
| 1. Notarised partnership resolution evidencing collective approval of the partners to cancel the licence of the legal consultancy firm; | |
| **For Branch Legal Consultancy Firms:** | |
| 1. Legalised board resolution from the mother firm approving to cancel the licence of the legal consultancy firm; | |

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| **Full Name of Applicant** |  |
| **SIGNATURE** |  |
| **DATE** |  |