

Application for Registration of Free Zone Establishment



Before completing this Application Form, please read the Implementing Regulations No. 1/92, Pursuant Law No. 9 of 1992, November 1992 and Law No. 9 of 1992.

Application should be typed in capital letters without any corrections or alterations.

Jafza reserves the right to ask for any extra documents, if necessary.

Each legal document has to be sealed, if more than one page.

Individual Applicant Non-Individual Applicant

Details of the Applicant

Name: _____

Address: _____

Nationality / Place of Registration: _____

Contact Names: _____

Telephone: _____ Fax: _____ E-mail: _____

Negotiator / Legal Representative's Name: _____

Negotiator / Legal Representative's Address: _____

Telephone: _____ Fax: _____ E-mail: _____

Details of the Free Zone Establishment (FZE)

Proposed Establishment's Name: _____

Share Capital: _____

Number of Shares: _____

* Amount of each Share: _____

* Amount of each share must be One Million Dirhams or multiples thereof

FZE Banker's Name & Address (Must be in Dubai)	FZE Auditor's Name & Address (Must be in Dubai)

FZE Board of Directors

es No

Occupation:

	Director / Manager (Must reside in Dubai)	Secretary (Must reside in Dubai)
Name:		
Address:		
Nationality:		
Resident in Dubai:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation:		

Application / Documentation Approval

Name: _____

Signature: _____

Date: / /

Registration Approval

Name: _____

Signature: _____

Date: / /