IFZA

Before filling in the form, please save and open it on your desktop

LICENSE APPLICATION FORM (CORPORATE)

Agent/Partner Name

Set Your Company Name

Application Type

◯ New ◯ Migration ◯ Renewal ◯ Renewal with Amendment(s) (Additional fees may apply)

◯ Branch

Company Name (in case of Branch)

Country of Registration of the Parent Company

Address of the Parent Company

IMPORTANT:
Please make sure that you provide **three different company name options, in order of priority and most desired.** Your proposed company names should be **written exactly the way you want it to appear.** We will check the availability of the options provided in order. For example, if the first name is not available, we will check the second then third. **The company license will automatically be incorporated with the first approved name, in order of the options provided.** We will only revert to applicants if none of the names provided are available.

	English Company Name	Arabic Company Name *If a specific Arabic translation of the English Company Name is required, please write below*
Option 1		
Option 2		
Option 3		

Please note, no word within the company name should be less than three (3) characters. See Company Name Guidelines for further clarification.

If left blank, IFZA will automatically provide a system-generated Arabic translation of your company name.

Select Your Business Activities

NOTE
Business activities should be from **one license type only.** Certain activities are subject to third party approvals.

License Type: Commercial (includes Trade)

Visa Package: 0 Visa

Do you want to apply for an Establishment Card? ◯ Yes ◯ No

Activity Number	Activity Name	Type of Business
		Technology

NOTE
Need help choosing which business activity?
Right-click button and select "open new tab" to view.

IFZA BUSINESS ACTIVITY LIST

Shareholding Type

NOTE
Shareholding Type: If the **shareholders** are individuals, select the first option. If they are corporate, select the second. For a combination, select the third option.

Shareholding Type

Proposed Share Capital
Minimum: AED 10,000

Share Value
Minimum: AED 10 and its multiples

Total Number of Shares

General Manager Name:

General Manager Signature:

◯ I hereby confirm that I have read and I accept the attached Terms and Conditions

DOWNLOAD TERMS & CONDITIONS

Right-click button and select "open new tab" to view.

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LICENSE APPLICATION FORM (CORPORATE)

Add Company Members (Corporate)

Corporate 1

Company Location (Country)

Shareholder Name

Shares

Address of the Registered Office

Registration Number

Representative's Information

Representative's Full Name

First Name

Middle Name

Last Name

Gender

Salutation

◯ Mr. ◯ Mrs. ◯ Ms.

Email

Telephone

Mobile Phone

Passport Number

Passport Issue Date

Passport Expiry Date

Place of Issue

Passport Country of Issue

Country of Birth

Date of Birth

Current Nationality

Previous Nationality (if applicable)

Are you an Arab holding a foreign passport?

◯ Yes ◯ No

Is resident of UAE? ◯ Yes ◯ No

If Yes,

- Provide UID Number
- Provide Emirates ID Number
- File Number
- Attach with this form a copy of UAE Residence Visa & Emirates ID

If Not, have you visited/resided in the UAE within the last 5 years? ◯ Yes ◯ No

If you know your UID number, please provide

NOTE

Unique Identification Number (UID Number) is required for applicants who are not UAE residents. UID number is available if applicant has visited/resided in the UAE within the last 5 years.

Full Address

Address Line 1

Address Line 2

PO Box

Postal Code

City

State Province

Country

Representative's Father's Full Name

First Name

Middle Name

Last Name

SUPPORTING DOCUMENTS

To be sent with this document

MANDATORY

- ☐ Company License Copy
- ☐ Board Resolution
- ☐ Passport Copies of Owners
- ☐ Passport Standard Size Photo of all owners (digital colour copy)

IF AVAILABLE

- ☐ Any supporting documents available

Further documents may be required. The Authority may request further documentation on a case-by-case basis

General Manager Name:

General Manager Signature:

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LICENSE APPLICATION FORM (CORPORATE)

Add Company Members (Corporate)

Corporate 2

Company Location (Country) | Shareholder Name | Shares

Address of the Registered Office | Registration Number

Representative's Information

Representative's Full Name

First Name | Middle Name | Last Name

Gender | Salutation: ◯ Mr. ◯ Mrs. ◯ Ms.

Email | Telephone | Mobile Phone

Passport Number | Passport Issue Date | Passport Expiry Date

Place of Issue | Passport Country of Issue

Country of Birth | Date of Birth

Current Nationality | Previous Nationality (if applicable) | Are you an Arab holding a foreign passport? ◯ Yes ◯ No

Is resident of UAE? ✔ Yes ◯ No

If Yes,

- Provide UID Number
- Provide Emirates ID Number
- File Number
- Attach with this form a copy of UAE Residence Visa & Emirates ID

If Not, have you visited/resided in the UAE within the last 5 years? ◯ Yes ◯ No

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NOTE

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Full Address

Address Line 1 | Address Line 2 | PO Box | Postal Code

City | State Province | Country

Representative's Father's Full Name

First Name | Middle Name | Last Name

SUPPORTING DOCUMENTS
To be sent with this document

MANDATORY

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General Manager Name: | General Manager Signature:

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LICENSE APPLICATION FORM (CORPORATE)

Appointment of General Manager, Secretary and Director(s)

NOTE
Your company should have **only one** Manager, **only one** Secretary and **at least one** Director. You can assign all the previous roles to the same person by selecting all the options from the roles drop list in the individual member form. Alternatively, you can add multiple individuals and select roles as required.

Role(s)

☐ General Manager/Representative ☐ Secretary ☐ Director ☐ Shareholder If Shareholder, please indicate how many shares

*The role of **'Secretary'** is that of secretary to the board of directors. The first named director will automatically also be appointed the secretary unless a different person is named in this role.*

Full Name

First Name | Middle Name | Last Name

Gender | Salutation ◯ Mr. ◯ Mrs. ◯ Ms.

Email | Telephone | Mobile Phone

Passport Number | Passport Issue Date | Passport Expiry Date

Place of Issue | Passport Country of Issue

Country of Birth | Date of Birth

Current Nationality | Previous Nationality (if applicable) | Are you an Arab holding a foreign passport? ◯ Yes ◯ No

Is resident of UAE? ◯ Yes ◯ No

If Yes,
- Provide UID Number
- Provide Emirates ID Number
- File Number
- Attach with this form a copy of UAE Residence Visa & Emirates ID

If Not, have you visited/resided in the UAE within the last 5 years? ◯ Yes ◯ No

▸ If you know your UID number, please provide

NOTE
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Full Address

Address Line 1 | Address Line 2 | PO Box | Postal Code

City | State Province | Country

Representative's Father's Full Name

First Name | Middle Name | Last Name

SUPPORTING DOCUMENTS
To be sent with this document

MANDATORY
- ☐ Indicate here if customer has never entered the UAE
- ☐ Passport Copy (clear colour copy)
- ☐ Passport Standard Size Photo (digital colour copy)

IF AVAILABLE
- ☐ UAE Visa Copy or UID Number
- ☐ UAE Entry Stamp
- ☐ Emirates ID Copy (Past or Present)

General Manager Name: | General Manager Signature:

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Full Name

First Name | Middle Name | Last Name

Gender | Salutation ◯ Mr. ◯ Mrs. ◯ Ms.

Email | Telephone | Mobile Phone

Passport Number | Passport Issue Date | Passport Expiry Date

Place of Issue | Passport Country of Issue

Country of Birth | Date of Birth

Current Nationality | Previous Nationality (if applicable) | Are you an Arab holding a foreign passport? ◯ Yes ◯ No

Is resident of UAE? ◯ Yes ◯ No

If Yes,
- Provide UID Number
- Provide Emirates ID Number
- File Number
- Attach with this form a copy of UAE Residence Visa & Emirates ID

If Not, have you visited/resided in the UAE within the last 5 years? ◯ Yes ◯ No

If you know your UID number, please provide

NOTE

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Full Address

Address Line 1 | Address Line 2 | PO Box | Postal Code

City | State Province | Country

Representative's Father's Full Name

First Name | Middle Name | Last Name

SUPPORTING DOCUMENTS
To be sent with this document

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- ☐ Indicate here if customer has never entered the UAE
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- ☐ Passport Standard Size Photo (digital colour copy)

IF AVAILABLE
- ☐ UAE Visa Copy or UID Number
- ☐ UAE Entry Stamp
- ☐ Emirates ID Copy (Past or Present)

General Manager Name: | General Manager Signature:

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LICENSE APPLICATION FORM (CORPORATE)

Signatory for Members (Corporate)

No.	Name	Signature
1.		
2.		
3.		
4.		
5.		
6.		

The company is authorized to sign before International Free Zone Authority (IFZA), for all administrative, financial, and operational matters, contracts of any type, certificates of undertaking, as well as convertible bonds. I/We assume responsibility for any legal or administrative liability arising out of such signatures.

I, the General Manager, confirm that the information given in this form is true, complete and accurate.
This authorization is irrevocable until a written notification is submitted to International Free Zone Authority (IFZA).

For Agent/Partner Use Only

General Manager Name:

General Manager Signature:

Stamp & Sign:

Date:

☐ I would like to receive official emails and updates from IFZA.

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ULTIMATE BENEFICIAL OWNERSHIP

This declaration is made in accordance with UAE Cabinet Resolution No. 58 of 2020 Concerning Procedures for Regulating Ultimate Beneficial Ownership (the "**UBO Decision**").

☐ The Licensee certifies that the Company Member(s) (shareholder(s)) described in the License Application Form is/are the UBO of the Licensee and if there is more than one Company Member, then the Company Members are the UBO in the same proportion as their shareholdings. If you have ticked this box you may move directly to the signatory section of this form.

OR

☐ The Licensee certifies that the following person(s) is/are the UBO of the Licensee. The full details of the UBO are as set out below:

No.	Name
1.	
2.	
3.	
4.	
5.	
6.	

Details of Ultimate Beneficial Owner(s) ("UBO")

First Name:	
Middle Name:	
Last Name:	
Company Name:	
Date of Birth (DD/MM/YYYY):	
Place of Birth:	
Nationality:	
Passport Number:	
Passport Issue Date (DD/MM/YYYY):	
Passport Expiry Date (DD/MM/YYYY):	
Detailed Residential Address:	
% shares ultimately owned in Licensee:	
Basis and date (DD/MM/YYYY) on which the individual became an UBO:	
Basis and date (DD/MM/YYYY) on which the individual ceased to be an UBO (if applicable):	

* (If there is more than one UBO, then the "Details of Beneficial Owner(s)" section above needs to be filled in separately for each UBO)

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ULTIMATE BENEFICIAL OWNERSHIP

We hereby declare that the information provided in this declaration is true and accurate and if such information changes, we will promptly notify International Free Zone Authority FZCO ("IFZA").

We confirm that if any of the UBO information should change, we will file an amended declaration within 15 days of becoming aware of such change in accordance with Article 8(1) and Article 10(1) of the UBO Decision.

We acknowledge that if any information provided by me/us is subsequently found to be untrue, inaccurate or misleading, IFZA may suspend or terminate our license. We hereby authorise IFZA to make any enquiries from any person or entity, it may deem necessary in connection with this declaration.

We shall maintain a Register of Beneficial Owners that the Licensee is required to maintain in accordance with Article 8 of the UBO Decision.

We shall maintain a Register of Partners or Shareholders that the Licensee is required to maintain in accordance with Article 10 of the UBO Decision.

We authorize IFZA to transmit this UBO Information, in such form as IFZA shall determine, to the concerned regulatory authorities as set out in the UBO Decision.

The signatory to this document has all necessary authority to provide this declaration for and on behalf of the Licensee.

Name:		Date (DD/MM/YYYY):	
Title:		Signature:	

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