



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

## LICENSE APPLICATION FORM (INDIVIDUAL)

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.*

Are you going to operate as a franchisee?  Yes  No If yes, please input Trade 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

Visa Package

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

Activity Number

Activity Name

Type of Business

#### 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.

## LICENSE APPLICATION FORM (INDIVIDUAL)

### Add Company Members (Individual)

**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.

**Company Member 1**

**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

**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.

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

**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:

## LICENSE APPLICATION FORM (INDIVIDUAL)

### Add Company Members (Individual)

**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.

**Company Member 2**

**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

**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.

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

**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

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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:

## LICENSE APPLICATION FORM (INDIVIDUAL)

### Add Company Members (Individual)

**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.

**Company Member 3**

**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

**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.

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

**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

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  - 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:

## LICENSE APPLICATION FORM (INDIVIDUAL)

### Add Company Members (Individual)

**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.

**Company Member 4**

**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

**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.

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

**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

<b>MANDATORY</b>	<input type="checkbox"/> Indicate here if customer has never entered the UAE	<b>IF AVAILABLE</b>	<input type="checkbox"/> UAE Visa Copy or UID Number
	<input type="checkbox"/> Passport Copy (clear colour copy)		<input type="checkbox"/> UAE Entry Stamp
	<input type="checkbox"/> Passport Standard Size Photo (digital colour copy)		<input type="checkbox"/> Emirates ID Copy (Past or Present)

General Manager Name:

General Manager Signature:

## LICENSE APPLICATION FORM (INDIVIDUAL)

### Add Company Members (Individual)

**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.

**Company Member 5**

**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

**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.

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

**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**

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  - 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:

## LICENSE APPLICATION FORM (INDIVIDUAL)

### Add Company Members (Individual)

**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.

**Company Member 6**

**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

**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.

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

**Full Address**

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 PO Box 
 Postal Code

City 
 State Province 
 Country

Representative's Father's Full Name   
 First Name 
 Middle Name 
 Last Name

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

General Manager Name:

General Manager Signature:

## LICENSE APPLICATION FORM (INDIVIDUAL)

### Signatory for Members (Individual)

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

I, the General Manager, confirm that the information given in this form is true, complete and accurate.

#### For Agent/Partner Use Only

General Manager Name:

Stamp & Sign:

General Manager Signature:

Date:

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



## 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)



## 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:	