

# APPLICATION FOR REGISTRATION AND LICENSING OF A BRANCH ENTITY (“BRANCH”)

I/We hereby apply for registration and licensing with Ras Al Khaimah Economic Zone (RAKEZ) Authority as a Branch Entity.

1. COMPANY TYPE Free Zone Non-Free Zone

## 2. PROPOSED DETAILS CONCERNING THE BRANCH

A. Legal Form: Branch of a UAE company Branch of a Foreign company

B. Proposed Name (as per the registration document of the parent company)

■ In case of branch of a Non-Free Zone entity, the trade name shall be subject to the approval of RAK Department of Economic Development (RAK DED) and shall be facilitated by RAKEZ.

C. Proposed Business Activities

■ The proposed business activities must be within the activities of the parent company.

D. Proposed Licence Type – Free Zone	Commercial	Services	Industrial	Educational
	Individual / Professional	Media	General Trading	E-Commerce
E. Proposed Licence Type – Non-Free Zone	Commercial	Professional	Industrial	

## 3. PARENT COMPANY DETAILS

Parent Company's Name (as per the Certificate of Registration):

Legal Form:

Parent Company Activity/ies:

Registration No.:

Registration Date:

Country of Incorporation:

City/Town/Village:

State/Province:

Postal Code:

Street:

Website:

### Contact Details

Primary Email Address:

Primary Mobile No.:

Office Telephone No.:

Primary Fax No.:

Secondary Email Address:

Secondary Mobile No.:

Residential Telephone No.:

Secondary Fax No.:

## 4. PROPOSED COMPANY MANAGER

Full Name (as per passport):

Gender:

Passport No.:

Nationality:

Passport Country of Issue:

Dual Nationality (if any):

Passport Issue Date:

Date of Birth:

Passport Expiry Date:

Place of Birth:

Current UAE Visa Type:

Country of Birth:

Manager is a UAE resident? Yes No

Emirates ID Number (If any):

Residence Visa Number:

Unified Identification No. (if available):

Residence Visa Expiry Date:

# APPLICATION FOR REGISTRATION AND LICENSING OF A BRANCH ENTITY (“BRANCH”)

## Residence Address

Flat No./Villa No./Building Name: Country of Residence:  
 Street: State/Province:  
 Area: Postal Code:  
 City/Town/Village: Time Living at the Current Address:      Years      Months

## Previous Residence Details (To be provided if residing at the above stated address for less than 3 years)

Flat No./Villa No./Building Name: Country of Residence:  
 Street: State/Province:  
 Area: Postal Code:  
 City/Town/Village:

## Home Country Address

Flat No./Villa No./Building Name: Country of Residence:  
 Street: State/Province:  
 Area: Postal Code:  
 City/Town/Village:

## Contact Details

Primary Email Address: Primary Mobile No.:  
 Office Telephone No.: Primary Fax No.:  
 Secondary Email Address: Secondary Mobile No.:  
 Residential Telephone No.: Secondary Fax No.:

\*Unified Identification Number (UID) is the number appearing on the visa.

Note: If proposed manager is a resident in the UAE, a No-Objection Certificate (NOC) from the sponsor is required.

## 5. POWER OF ATTORNEY HOLDER

Full Name (as per passport):  
 Gender: Passport No.:  
 Nationality: Passport Country of Issue:  
 Dual Nationality (if any): Passport Issue Date:  
 Date of Birth: Passport Expiry Date:  
 Place of Birth: Current UAE Visa Type:  
 Country of Birth: Emirates ID Number (If any):  
 Residence Visa Number: Unified Identification No. (if available):  
 Residence Visa Expiry Date:

## Residence Address

Flat No./Villa No./Building Name: Country of Residence:  
 Street: State/Province:  
 Area: Postal Code:  
 City/Town/Village: Time Living at the Current Address:      Years      Months

# APPLICATION FOR REGISTRATION AND LICENSING OF A BRANCH ENTITY (“BRANCH”)

**Previous Residence Details** (To be provided if residing at the above stated address for less than 3 years)

Flat No./Villa No./Building Name: Country of Residence:  
 Street: State/Province:  
 Area: Postal Code:  
 City/Town/Village:

**Home Country Address**

Flat No./Villa No./Building Name: Country of Residence:  
 Street: State/Province:  
 Area: Postal Code:  
 City/Town/Village:

**Contact Details**

Primary Email Address: Primary Mobile No.:  
 Office Telephone No.: Primary Fax No.:  
 Secondary Email Address: Secondary Mobile No.:  
 Residential Telephone No.: Secondary Fax No.:

## 6. E-CHANNEL REGISTRATION

Payment for E-Channel      Immediate      Later

## 7. FACILITY DETAILS

**Flexi Facilities:**      Flexi Desk (business centre)      Flexi Desk (shared workstation)      Flexi Office (shared office)

\*Flexi Facilities cannot be availed by a non-free zone entity.

**Office Facilities:**

Standard Office				
Executive Office			Size:	m <sup>2</sup>
Bespoke Office			Size:	m <sup>2</sup>

**Office**

Location:	RAKEZ Business Zone	RAKEZ Academic Zone	Al Hulaila Industrial Zone	Al Hamra Industrial Zone
-----------	---------------------	---------------------	----------------------------	--------------------------

**Retail Facilities:**

Location:	RAKEZ Business Zone	Al Ghail Industrial Zone	Al Hulaila Industrial Zone	Al Hamra Industrial Zone
-----------	---------------------	--------------------------	----------------------------	--------------------------

# APPLICATION FOR REGISTRATION AND LICENSING OF A BRANCH ENTITY ("BRANCH")

## Warehouse:

Location: Al Hulaila Industrial Zone Al Hamra Industrial Zone

Unit Number	Area (m <sup>2</sup> )	Quantity	Power (KW)		Zone Type	Description
	150		10.5		FZ	Only warehouse space
	205		15	30	FZ	Including storage space, office and complimentary services
	300		10.5		FZ	Including storage space, office and complimentary services
	316.06		50		NFZ	Including storage space, office and complimentary services
	311.25		15		FZ/NFZ	Only warehouse space
	416		30	60	FZ	Including storage space, office and complimentary services
	400		67		FZ	NA
	200		42.7		FZ	NA

Other Size: Power Load:

## Plot of Land (m<sup>2</sup>):

Size (m<sup>2</sup>): Location: Al Hulaila Industrial Zone Al Hamra Industrial Zone Al Ghail Industrial Zone

Note: All the facilities mentioned above are subject to availability.

Please complete the Detailed Application for Activities in Warehouse(s)/Plot(s). Form available at [www.rakez.com](http://www.rakez.com).

Where did you hear about RAKEZ?

Who will collect your licence and contract and where?

Name: Location:

## 8. DECLARATION

By signing below, I/we hereby certify that I/we am an authorised party who has the capacity and authority to make this Application for Registration with RAKEZ. I/We accept to settle all fee(s) that are applicable to process this application.

I/We also certify that all information provided is correct to the best of my/our knowledge. I/We further certify that I/we shall comply with all RAKEZ's applicable rules and regulations.

Name: Capacity:

Signature: ..... Date: