

APPLICATION FOR REGISTRATION AND LICENSING

I/We hereby apply for registration and licensing with Ras Al Khaimah Economic Zone (RAKEZ).

1. COMPANY TYPE Free Zone Non-Free Zone

2. PROPOSED COMPANY DETAILS

A. Legal Form: Free Zone Limited Liability Company (FZ-LLC) Non-Free Zone Individual Establishment
Non-Free Zone Single Person Company Non-Free Zone Limited Liability Company (LLC)

*Individual Establishment can be owned only by a natural person.

B. Proposed Names:

Option 1

Option 2

Option 3

- RAKEZ has the right to select any of the above or propose a different name
- In case of a non-free zone entity, the trade name shall be subject to the approval of RAK Department of Economic Department (RAK DED) and shall be facilitated by RAKEZ.

C. Share Capital Details

Share Capital: AED Total Number of Shares: Par Value: AED

Note: The par value of each share must be a minimum of one thousand dirhams (AED 1,000) or multiples thereof.

D. Proposed Business Activities

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

3. SHAREHOLDER(S) DETAILS

SHAREHOLDER 1 (INDIVIDUAL)

No. of Shares: % of Shares: Total Value of Shareholding: (AED)

Tick if Shareholder 1 is: Manager Director Authorised Signatory Power of Attorney Holder

Personal Details

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: Residence Visa Number:

Emirates ID Number (If any): Residence Visa Expiry Date:

Unified Identification No. (if available):

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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.:

SHAREHOLDER 2 (INDIVIDUAL)

No. of Shares:	% of Shares:	Total Value of Shareholding: (AED)		
Tick if Shareholder 2 is:	Manager	Director	Authorised Signatory	Power of Attorney Holder

Personal Details

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: Residence Visa Number:
 Emirates ID Number (If any): Residence Visa Expiry Date:
 Unified Identification No. (if available):

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

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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.:

SHAREHOLDER 3 (INDIVIDUAL)

No. of Shares:	% of Shares:	Total Value of Shareholding: (AED)		
Tick if Shareholder 3 is:	Manager	Director	Authorised Signatory	Power of Attorney Holder

Personal Details

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: Residence Visa Number:
Emirates ID Number (If any): Residence Visa Expiry Date:
Unified Identification No. (if available):

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:

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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.:

SHAREHOLDER 4 (INDIVIDUAL)

No. of Shares:

% of Shares:

Total Value of Shareholding: (AED)

Tick if Shareholder 4 is:

Manager

Director

Authorised Signatory

Power of Attorney Holder

Personal Details

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:

Residence Visa Number:

Emirates ID Number (If any):

Residence Visa Expiry Date:

Unified Identification No. (if available):

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:

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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.:

Please replicate the above table to enter and complete the details of the other individual shareholders (if applicable) and attach to this application.

SHAREHOLDER 5 (CORPORATE)

No. of Shares: % of Shares: Total Value of Shareholding: (AED)

Personal Details

Corporate Shareholder's Name (as per Certificate of registration):

Registration No.: Country of Incorporation:
Registration Date: City/Town/Village:
State/Province: Street:
Postal Code: 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.:

Please replicate the above table to enter the details of the other Corporate Shareholders and attach to this application.

4. PROPOSED COMPANY MANAGER/DIRECTOR(S)/AUTHORISED SIGNATORY/POWER OF ATTORNEY (POA) HOLDER REPRESENTING THE SHAREHOLDER(S)

Full Name (as per passport):

Tick if the above named person is:	Manager	Director	Authorised Signatory	Power of Attorney Holder
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:	

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

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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.:

Notes:

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

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

Please replicate the above table to enter the details of the other Director(s) and POA Holder, if applicable, and attach to this application.

5. E-CHANNEL REGISTRATION

Payment for E-Channel	Immediate	Later
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6. FACILITY DETAILS

Flexi Facilities:	Flexi Desk (business centre)	Flexi Desk (shared workstation)	Flexi Office (shared office)
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*Flexi Facilities cannot be availed by a non-free zone entity.

Office Facilities:

Standard Office

Executive Office

Size: m²

Bespoke Office

Size: m²

Office

Location:	RAKEZ Business Zone	RAKEZ Academic Zone	Al Hulaila Industrial Zone	Al Hamra Industrial Zone
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Retail Facilities:

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

Location: Al Hulaila Industrial Zone Al Hamra Industrial Zone

Unit Number	Area (m ²)	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 (m²):

Size (m²): 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.

Where did you hear about RAKEZ?

Who will collect your licence and contract and where?

Name: Location:

7. 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: