

## APPLICATION FOR LICENCE / REGISTRATION DOCUMENTS AMENDMENT

Kindly complete this application form according to the desired service request.

### A. APPLICANT DETAILS

Applicant Name:

Legal Capacity:                      Owner                      Shareholder                      Manager                      Consultant  
    Representative                      Others, please specify:

Operating Name:

Address:

Email Address:

Mobile No.:    Fax No.:  
 Company Type:                      Free Zone                      Non-Free Zone

### B. AMENDMENTS IN LICENCE TYPE OR ADDING NEW LICENCE

Type of Amendment:                      Amending licence type                      Adding new licence

Proposed Licence Type - Free Zone:                      Commercial                      Services                      Industrial                      Educational  
    Individual / Professional                      Media                      General Trading                      E-Commerce

Proposed Licence Type - Non-Free Zone:                      Commercial                      Professional                      Industrial

### C. CHANGE OF ACTIVITY

Amending existing activities                      Adding new activities

Proposed Activity:

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

### D. AMENDMENTS IN LEGAL FORM

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

Note: \*Only a natural person can own an Individual Establishment.

### E. CHANGE IN OPERATING NAME

Proposed Company Name:

Option 1

Option 2

Option 3

Note: In case of a non-free zone entity, the Trade Name shall be subject to approval of Ras Al Khaimah Department of Economic Development (DED) and shall be facilitated by RAKEZ.

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## F. CHANGE IN SHARE CAPITAL (not applicable for Non-Free Zone Individual Establishment)

Reduce Share Capital

Increase Share Capital

Existing Share Capital:

Proposed Share Capital:

Distribution of Proposed Capital to Shareholders:

Shareholder Name	No. of Shares	Shareholder Name	No. of Shares
1.		4.	
2.		5.	
3.		6.	

## G. CHANGE OF MANAGER (Please use attached Table 3 to complete the details of the new manager and attach it to this application).

Existing Manager's Name:

New Manager's Name:

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

## H. CHANGING/ADDING BOARD OF DIRECTORS (Please use attached Table 3 to complete the details of the new director/s and attach it to this application)

Name of Outgoing Director(s):	Name of the Proposed Director(s):
1.	4.
2.	5.
3.	6.

## I. CHANGE IN FINANCIAL YEAR (not applicable for Non-Free Zone Individual Establishment)

Existing Financial Year:

Requested Financial Year:

## J. SHAREHOLDERS OR OWNERSHIP CHANGE

Name of Outgoing Shareholders or Owner:	No. of Shares Transferred	Name of the Proposed Shareholders or Owner:
1.		1.
2.		2.
3.		3.
4.		4.
5.		5.
6.		6.

Kindly use attached Table 1 to enter the required details of the proposed individual shareholder(s) or owner.

Kindly use attached Table 2 to enter the required details of the proposed corporate shareholder(s).

## K. OTHERS

Please specify:

## AMENDMENT OF LICENCE – PARTNERSHIP / MULTIPLE OWNERSHIP

### Important Notes

Use Table 1 to update the details (name and nationality) of individual shareholders(s)/owner.

Use Table 2 to update the details (trade name or legal form) of the corporate shareholder(s)/licensee.

Use Table 3 to update the details of all officers/legal representative/POA holder.

Cancellation of the amendment application following approval will result in no refund.

### L. DECLARATION

By signing below, I/we hereby certify that I/we am/are authorised party who has the capacity and authority to make this application with RAKEZ. I/We accept to settle all fee(s) that are applicable and submit all required documents to complete the process of 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: \_\_\_\_\_

### TABLE 1

Use Table 1 to fill out the details of the individual shareholder(s) and kindly replicate the same in case of multiple individual shareholders.

#### SHAREHOLDER (INDIVIDUAL)

No. of Shares:	% of Shares:	Total Value of Shareholding: (AED)		
Tick if Shareholder 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 No.: \_\_\_\_\_

Emirates ID No. (If any): \_\_\_\_\_ Residence Visa Expiry Date: \_\_\_\_\_

Unified Identification No. (if available):

#### Current 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

## AMENDMENT OF LICENCE – PARTNERSHIP / MULTIPLE OWNERSHIP

**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.:

## TABLE 2

Use table 2 to fill out the details of a corporate shareholder and replicate the same in case of multiple corporate shareholders.

### SHAREHOLDER (CORPORATE)

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

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

Legal Form:	
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.:

## AMENDMENT OF LICENCE – PARTNERSHIP / MULTIPLE OWNERSHIP

**TABLE 3**

Use Table 3 to fill out the details of the new manager, director(s), authorised signatory, local service agent and the Power of Attorney holder (representing the shareholder/s). Kindly replicate the same in case of multiple directors, attorneys or signatories and attach to this application.

Full Name (as per passport):

Tick if the above named person is:                      Manager                      Director                      Authorised Signatory                      Local Service Agent                      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 No. (if any):

Residence Visa No.:

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

### 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 (UID) Number is the number appearing on the visa.