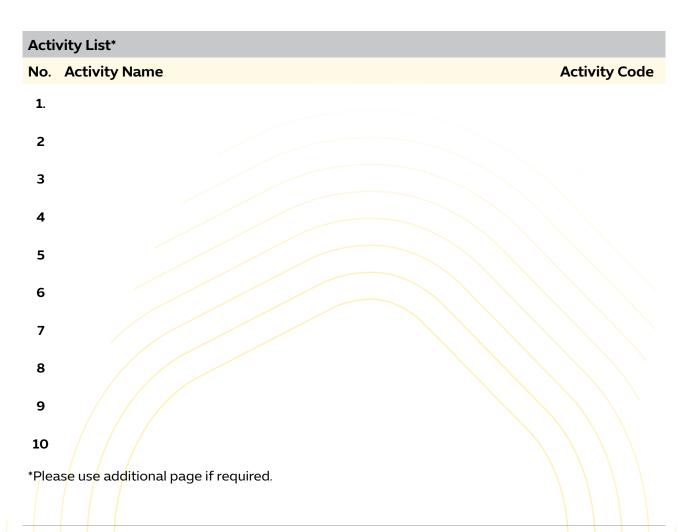


## **Business Setup Application – Branch**

Application Type				
Branch of Local (UAE) Company		Branch of International Comp	oany	
<b>Licence Type</b> Please contact your Expo City Dubai Representative if the desired Licence Type is not mentioned below				
Commercial	Industrial	Service		
For Service License with planned Restaurant or Cafe activity, please specify any restricted business activities:				
Alcohol	Shisha	Alcohol and Shisha	None	
Unit Type			Area (Sq. Ft.)	

### **Company Name**





### **Business Setup Application – Branch**

Company Manager		
Company Manager should be under the sponsorship	of Expo City Dubai	
Name:		
Address:	P.O. Box:	
Email:	Mobile No.:	
Nationality:	Passport No.:	
Signature:		

#### Legal Representative's Information: (if any)

Provide the ECD with the name of a natural person residing in the State and authorised to disclose to ECD all data and information required under the AML law.

Full Name:

**Current Address:** 

Mobile No: Email Address:

Nationality:

\*Please use additional page if required . All Individual(s) indicated in this application must each provide a SPECIMEN SIGNATURE.

#### **Authorised Contact Person**

Please provide contact person(s) authorised to process and submit the application on behalf of the Authorised Signatory

Name Position Mobile	Email Address
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# **Business Setup Application – Branch**

Authorised Signatory		
Application Submitted by:		
	ncy / Representative (Attach Power of Attorney)	
I hereby declare that the information in this	form is true and correct as at the date mentioned below.	
Name:		
Signature:	Date:	
Mobile No.:	Email Address:	
Registration and Licence Approval		
Name:		
Signature:	Date:	