



Business Setup Application – Branch

APPLICATION FORM

Application Type

Branch of Local (UAE) Company

Branch of International Company

Licence Type

Please contact your Expo City Dubai Representative if the desired Licence Type is not mentioned below

Commercial

Industrial

Service

For Service Licence 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

Activity List*

No. Activity Name

Activity Code

1.

2

3

4

5

6

7

8

9

10

*Please use additional page if required.

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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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Authorised Signatory

Application Submitted by:

The Owner / Shareholder

Legal Agency / 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: