



For Office Use Only

CPQ ID:

Date Submitted:

Initial Application Form - Non Clinical Facility

All fields marked with * in this application form are mandatory fields. CPQ will not accept any application which does not have these mandatory fields completed. All relevant sections of this application form shall be completed including supporting documents where indicated and the Declaration and Signature. For any changes to this application (e.g. proposed services, space or other) please submit a new application

Particulars of the Applicant (owner/tenant of proposed facility and/ or main shareholder)

Provide passport copy attached to this application

Name (as shown in the passport (include title))*

Address *

Postal Code (ZIP)

P.O. Box *

City *

Country *

Landline *

Fax *

Mobile *

Email 1 *

Email 2*

Particulars of the Facility Manager (Where different to the Applicant)

Provide passport copy attached to this application

Name (as shown in the passport (include title))*

Address *

Postal Code (ZIP)

P.O. Box *

City *

Country *

Landline *

Fax *

Mobile *

Email 1 *

Email 2*

Particulars of the Assigned Contact Person (Where different to the Applicant)

Provide passport copy attached to this application

Name (as shown in the passport (include title))*

Address *

Postal Code (ZIP)

P.O. Box *

City *

Country *

Landline *

Fax *

Mobile *

Email 1 *

Email 2*





Particulars of Other Representatives 1 (Director 1- as applicable)

Provide passport copy attached to this application

Name (as shown in the passport (include title))*

Address *		Postal Code (ZIP)
P.O. Box *	City *	Country *
Landline *	Fax *	Mobile *
Email *		

Particulars of Other Shareholders 2 (Director 2- as applicable)

Provide passport copy attached to this application

Name (as shown in the passport (include title))*

Address *		Postal Code (ZIP)
P.O. Box *	City *	Country *
Landline *	Fax *	Mobile *
Email *		

Particulars of Premises

Proposed Operational Names (Provide 3 options in the order of preference - name options are subject to availability and validation) *

1	
2	
3	
Proposed Location (including building, floor and unit number) *	Proposed Space (in sq ft) *

Facility Legal Status

<input type="checkbox"/>	Free Zone Limited Liability Company (FZ-LLC)
<input type="checkbox"/>	Branch of a UAE registered Company
<input type="checkbox"/>	Branch of a Foreign registered Company
<input type="checkbox"/>	Developer

Proposed Segments

Note : For selected business segments - refer to current DHCC Decision 1 Document Concerning Commercial License Categories and the 'Certain Restrictions and Requirements' section of this form

<input type="checkbox"/>	Healthcare Support
<input type="checkbox"/>	Healthcare Management
<input type="checkbox"/>	Healthcare Consultancy
<input type="checkbox"/>	Higher Education Provider





Proposed Segments

<input type="checkbox"/>	Professional and Management Development Training
<input type="checkbox"/>	Child Skills Development Training
<input type="checkbox"/>	Technical and Occupational Skills
<input type="checkbox"/>	Research and Development
<input type="checkbox"/>	Education Service Provider
<input type="checkbox"/>	Academic Service Provider
<input type="checkbox"/>	Non Academic Service Provider
<input type="checkbox"/>	Event Management
<input type="checkbox"/>	Publishing
<input type="checkbox"/>	Executive Search
<input type="checkbox"/>	Outsource
<input type="checkbox"/>	Association (Non Profit)
<input type="checkbox"/>	Service Provider
<input type="checkbox"/>	Regional Headquarters
<input type="checkbox"/>	Hotel and Leisure Services
<input type="checkbox"/>	Property Management Services

Proposed Activities

Note : Only one activity can be selected per segment except for segments ' Professional and Management Development Training' and 'Events Management' where up to three activities are allowed.

Healthcare Support	
Medical Transcription Services	<input type="checkbox"/>
Medical Billing Services	<input type="checkbox"/>
Medical Coding Services	<input type="checkbox"/>
Patient Education Services	<input type="checkbox"/>
Third Party Administrator	<input type="checkbox"/>
Healthcare Management	
Healthcare Management	<input type="checkbox"/>
Healthcare Investment Management	<input type="checkbox"/>
Healthcare Consultancy	
Healthcare Architectural and Engineering Consultancy	<input type="checkbox"/>
Healthcare Management Consultancy	<input type="checkbox"/>
Healthcare Performance Management Consultancy	<input type="checkbox"/>
Healthcare Strategy and Planning Consultancy	<input type="checkbox"/>
Healthcare Safety, Quality and Compliance Consultancy	<input type="checkbox"/>
Healthcare Medico-Legal Consultancy	<input type="checkbox"/>
Healthcare Risk Management Consultancy	<input type="checkbox"/>
IT Management and Systems Integration Consultancy	<input type="checkbox"/>
Clinical Research Organization (CRO)	<input type="checkbox"/>
Accrediting Qualifications Organization	<input type="checkbox"/>
Higher Education Provider	
University (MOHE Licensed and Accredited)	<input type="checkbox"/>
Branch University	<input type="checkbox"/>
Junior College	<input type="checkbox"/>
Career and Technical Education Provider	<input type="checkbox"/>
Professional and Management Development Training	
Continuing Professional Development	<input type="checkbox"/>
Educators Professional Development	<input type="checkbox"/>
Social and Behavioural Training	<input type="checkbox"/>
Human Resources Training and Development	<input type="checkbox"/>
Management Training	<input type="checkbox"/>



Service Provider	
Coffee Shop	<input type="checkbox"/>
Cafeteria	<input type="checkbox"/>
Ice-Cream Shop	<input type="checkbox"/>
Bread and Bakery	<input type="checkbox"/>
Catering Services	<input type="checkbox"/>
Pharmacy	<input type="checkbox"/>
Optical Centre	<input type="checkbox"/>
Health Club/Fitness Centre	<input type="checkbox"/>
Theatre and Cinema	<input type="checkbox"/>
Beauty Salon (Men)	<input type="checkbox"/>
Beauty Salon (Ladies)	<input type="checkbox"/>
Early Learning Centre (Nursery)	<input type="checkbox"/>
Book Store	<input type="checkbox"/>
Commercial Library	<input type="checkbox"/>
Music and Video	<input type="checkbox"/>
Flower Shop	<input type="checkbox"/>
Specialty Store	<input type="checkbox"/>
Convenience Store	<input type="checkbox"/>
Supermarket	<input type="checkbox"/>
Hypermarket	<input type="checkbox"/>
Commercial Bank	<input type="checkbox"/>
Credit and Finance Bank	<input type="checkbox"/>
Bank Liaison Officer	<input type="checkbox"/>
Debt Collecting	<input type="checkbox"/>
Banking Services	<input type="checkbox"/>
Money Exchangers	<input type="checkbox"/>
Photo Shop	<input type="checkbox"/>
Laundry	<input type="checkbox"/>
Government Relations	<input type="checkbox"/>
Documents Clearing Services	<input type="checkbox"/>
Documents and Data Verification Services	<input type="checkbox"/>
Publishing Distribution Agency	<input type="checkbox"/>
Facilities Management Services	<input type="checkbox"/>
Car Washing and Cleaning	<input type="checkbox"/>
General Maintenance	<input type="checkbox"/>
Interior Decoration	<input type="checkbox"/>
Landscaping Works	<input type="checkbox"/>
Structural Quantity Surveying Services	<input type="checkbox"/>
Promotional Gifts Preparation	<input type="checkbox"/>
Gents Tailoring	<input type="checkbox"/>
Ladies Tailoring	<input type="checkbox"/>
Ready-Made Garments	<input type="checkbox"/>
Jewellery Store	<input type="checkbox"/>
Perfumes and Cosmetics Shop	<input type="checkbox"/>
Electronics Store	<input type="checkbox"/>
Light Fitting and Fixture Shop	<input type="checkbox"/>
Valet Parking Services	<input type="checkbox"/>
Art Gallery	<input type="checkbox"/>
Ship Chandlers	<input type="checkbox"/>



Service Provider	
Weight Management	<input type="checkbox"/>
Nutritional Products Store	<input type="checkbox"/>
Health Equipment and Furniture Store	<input type="checkbox"/>
Consultancy	
Legal Consultants - branch only	<input type="checkbox"/>
Lawyers and Advocates - branch only	<input type="checkbox"/>
Auditing of Accounts - branch only	<input type="checkbox"/>
Accounting and Book Keeping - branch only	<input type="checkbox"/>
Architectural Consultancy - branch only	<input type="checkbox"/>
Engineering Design Consultancy - branch only	<input type="checkbox"/>
Master-planning and Infrastructure Design Consultancy - branch only	<input type="checkbox"/>
Management Consultancy	<input type="checkbox"/>
Project Management Consultancy	<input type="checkbox"/>
Market Research Consultancy	<input type="checkbox"/>
Interior Design Consultancy	<input type="checkbox"/>
Hospitality Consultancy	<input type="checkbox"/>
Branding and Promotion Consultancy	<input type="checkbox"/>
Spa Support Consultancy	<input type="checkbox"/>
Regional Head Quarters	
Marketing Office	<input type="checkbox"/>
Representative Office	<input type="checkbox"/>
Call Centre	<input type="checkbox"/>
Administrative Office	<input type="checkbox"/>
Back Office	<input type="checkbox"/>
Hotel and Leisure Services	
Hotel - Administration Office	<input type="checkbox"/>
Hotel Apartment - Administrative Office	<input type="checkbox"/>
Hotel	<input type="checkbox"/>
Hotel Apartment	<input type="checkbox"/>
Guest House	<input type="checkbox"/>
Hospitality Management and Consultancy	<input type="checkbox"/>
Property Management Services	
Administration Office	<input type="checkbox"/>
Healthcare Developer	<input type="checkbox"/>
Commercial Developer	<input type="checkbox"/>
Residential Developer	<input type="checkbox"/>
Others	
1	<input type="checkbox"/>
2	<input type="checkbox"/>
3	<input type="checkbox"/>
4	<input type="checkbox"/>

Supporting Documents Check List	
<input type="checkbox"/>	Business Plan (please request template from CPQ/DHCC)
<input type="checkbox"/>	CV's of Management Team
<input type="checkbox"/>	Passport Copies (refer to sections for Applicant particulars)
<input type="checkbox"/>	Annual Report of previous operations if applicable
<input type="checkbox"/>	Where the shareholder is a registered company provide a copy of the Certificate of Incorporation from the Parent Company



Restrictions and Requirements

*	<p>The following activities are restricted to persons or organisations that are currently licensed to undertake that precise activity by the relevant authority elsewhere in the UAE, and outside of other free zones: All Activities under the Segment Service Provider</p> <ul style="list-style-type: none"> - Legal Consultants - Lawyers and Advocates - Auditing of Accounts - Accounting and Bookkeeping - Architectural Consultancy - Engineering Design Consultancy and - Master Planning and/or Infrastructure Design Consultancy.
*	<p>The following activities under the Segment Service Provider are subject to obtaining appropriate approvals from Dubai Municipality:</p> <ul style="list-style-type: none"> - Restaurant - Coffee Shop - Cafeteria - Ice Cream Shop - Bread and Bakery - Catering Services - Health Club/Fitness Centre - Beauty Salon (Men)/ Beauty Salon (Ladies) - Spa Club - Early Learning Centre (Nursery) - Convenience Store - Supermarket/Hypermarket - Laundry - Weight Management - Nutritional Product Store
*	The transfer of shares in any FZ-LLC company licensed in DHCC is not allowed for the first year of incorporation
*	For the General Segments only one activity can be licensed and undertaken unless an applicant is specifically authorized from CPQ to conduct more than one activity.
*	Applications under the activity Early Learning Centre (Nursery) shall require the approval of the KHDA and/or Ministry of Social Affairs prior to operating.
*	Applications under the activities Legal Consultant and/or Lawyers and Advocates shall require the approval of the Dubai Legal Affairs Department prior to operating.
*	Applications under Segments Professional and Management Development Training, Child Skills Development Training, and Technical and Occupational Skills shall require a No Objection Certificate from the KHDA prior to operating.
*	Applications under the Segment Property Management Services must obtain a No Objection Certificate from the Real Estate Regulatory Authority (RERA) prior to operating.
*	Applications under the Segment Hotels and Leisure Services is subject to obtaining a classification from the Department of Tourism and Commerce Marketing
*	Applications under the Segment Association (Non- Profit) must be bona fide representatives of the relevant segment that operates on a non-profit and non-commercial basis. Legal status can be either an FZ-LLC or Branch
*	For the segment Higher Education Provider refer to DHCC Decision 1 Concerning Commercial Licensing Categories in DHCC for requirements
*	For the segment Property Management Services refer to DHCC Decision 1 Concerning Commercial Licensing Categories in DHCC for requirements
*	<p>Commercial Licensing Fees Where an applicant selects more than one <u>segment</u> on this form this will be subject to additional licensing fees for each additional segment. Refer to DHCC Decision 1 Concerning Commercial Licensing Categories in DHCC for fee schedules</p>
*	<p>Space Desk Space is limited to activities under the following Segments only:</p> <ul style="list-style-type: none"> - Healthcare Consultancy - Healthcare Support - Events Management - Consultancy - Healthcare Management



Applicant Comments

Blank area for Applicant Comments.

Declaration and Signature

- * I declare that I am authorized to represent the applicant in this request to operate a facility proposed in this application
- * I have read all of the requirements listed in this application and the attached fee schedule. I understand that the application fee once paid is non-refundable and that the fee schedule may change without prior notice.
- * I understand that approval of the permit is dependent on satisfactory compliance with the relevant CPQ/DHCC Departments including Registration and Licensing for obtaining a Commercial License and leasing.
- * I have read all of the requirements relating to obtaining a commercial license in DHCC from DHCC's Decision 1 Concerning Commercial Licensing Categories and understand how these apply to this application
- * I declare the information in my application to be true, to the best of my knowledge.
- * I understand that CPQ will contact me if additional information is required to complete my application. I am aware that I must authorize any additional contact for this application without which CPQ will not release any information.
- * I declare there are no existing or pending litigation matters, claims, penalties, proceedings or investigations by any professional body against any professional currently working at my existing facility or facilities.
- * I understand that any fraudulent, misleading, deceptive or incorrect information provided will result in any approval issued being revoked. Further, any payments made for the purpose of that approval will not be refunded.
- * CPQ reserves the right to refuse, at its sole discretion, any application.

Signature

Date

