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| **ACCREDITED PROVIDER APPLICATION FORM (A1)** |

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| **SECTION 1 : UAE ENTITY INFORMATION** | | | | | | | | | | | | | | | |
| Entity Name: | | Click here to enter text. | | | | | | | | | | | | | |
| CEO / Principal in charge name: | | Click here to enter text. | | | | | | Contact telephone | | | | Click here to enter text. | | | |
| Email Address: | | Click here to enter text. | | | | | | | | | | | | | |
| Office Manager/ secretary name: | | Click here to enter text. | | | | | | Contact telephone | | | | Click here to enter text. | | | |
| Email Address: | | Click here to enter text. | | | | | | | | | | | | | |
| Licensed Activity\* | |  | | | Legal Consultancy Firm | |  | | Advocacy Firm | | Other: | | | | Click here to enter text. |
| Commercial Licensing Authority\* | |  | | | DED | |  | | DMCC | | Other: | | | | Click here to enter text. |
|  | | | DIFC | |  | | TECOM | |
| **Office Details (UAE Office)** | | | | | | | | | | | | | | | |
| Building Name: | Click here to enter text. | | | | | | Floor/ level: | | | Click here to enter text. | | | | | |
| Street name: | Click here to enter text. | | | | | | Area: | | | Click here to enter text. | | | | | |
| P.O. Box: | Click here to enter text. | | | | | | Emirate: | | | Click here to enter text. | | | | | |
| Office telephone: | Click here to enter text. | | | | | | Fax number: | | | Click here to enter text. | | | | | |
| Office email address: | Click here to enter text. | | | | | | | | | | | | | | |
| **Authorized Signatory\*** | | | | | | | | | | | | | | | |
| **Individual Full Name** | | | | | | **E-mail Address** | | | | | | | **Telephone Number** | | |
| Click here to enter text. | | | | | | Click here to enter text. | | | | | | | Click here to enter text. | | |
| **Head Office Details (if outside the Emirate)** | | | | | | | | | | | | | | | |
| Full Address: | | | Click here to enter text. | | | | | | | | | | | | |
| P.O. Box: | | | Click here to enter text. | | | | City: | | | | | Click here to enter text. | | | |
| Country: | | | Click here to enter text. | | | | | | | | | | | | |
| Office Telephone: | | | Click here to enter text. | | | | Fax number: | | | | | Click here to enter text. | | | |
| Email address: | | | Click here to enter text. | | | | | | | | | | | | |
| Date of incorporation: | | | Click here to enter text. | | | | | | | | | | | | |
| **Head Office Main Contact(s)** (Outside the Emirate) | | | | | | | | | | | | | | | |
| **CEO / Principle in charge** | | | | | | | | | | | | | | | |
| **Individual Full Name** | | | | **E-mail Address** | | | | | | | | | | **Telephone Number** | |
| Click here to enter text. | | | | Click here to enter text. | | | | | | | | | | Click here to enter text. | |
| **Complaints Handler** | | | | | | | | | | | | | | | |
| **Individual Full Name** | | | | **E-mail Address** | | | | | | | | | | **Telephone Number** | |
| Click here to enter text. | | | | Click here to enter text. | | | | | | | | | | Click here to enter text. | |

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| Section 2: Training Qualifications |
| Acquired Legal experience✓ |
| Click here to enter text. |
| Professional Development Training experience ✓ |
| Click here to enter text. |
| Organizational Training Experience(s) undertaken ✓ |
| Click here to enter text. |
| Relevant Accreditations/Affiliations\* ✓ |
| Click here to enter text. |
| Details Of The Training Content, How It Will Be Provided And How It Will Influence The Professional Legal Development Of The Attendees ✓ |
| Click here to enter text. |

\*Please provide any relevant documentation

✓ Please write in details

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| I DECLARE and UNDERTAKE that the contents and documents of this application are true and correct and further declare that I possess all powers and authority to sign this undertaking on behalf of the entity; |
| I DECLARE and UNDERTAKE that all of the required documents enclosed with this form are authentic; |
| I UNDERTAKE to provide the Department with all requested documents and information whenever requested and to DECLARE any matters that may affect my continuing eligibility to be an accredited training provider. |
| I UNDERTAKE to comply with any obligations set out in all other bylaws, resolutions and instructions issued by the Government of Dubai Legal Affairs Department concerning the CLPD program. |

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| --- | --- |
| **Applicant Full Name** | Click here to enter text. |
| **Signature** |  |
| **Date** | Click here to enter text. |

Kindly print the form and sign it prior to submitting it to the Department.