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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.