

Social Club License Application Form

Proposed name of the Social Club

First Choice _____

Second Choice _____

Third Choice _____

Proposed type of activity

Non-Profit Profit

Responsible Contact Person

Full Name _____

Position at the proposed entity _____

Mobile No _____ Email _____

Proposed Activities

Note: If you require additional space for the activities, a separate sheet must be attached to this application

Proposed Location

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Founder(s) Information (if Individual)

Name (As per passport)	Nationality	Passport Number	Paid-up Capital (AED)	Resident of UAE? (Y/N)	Board Member? (Y/N)

Founder(s) (if Entity)

Company Name (As per the Registration Document)	Country & Date of Incorporation	Paid-up Capital (AED)

Proposed board of directors

	Director 1	Director 2
Name		
Address		
Nationality		
Place of residence		
Occupation		

	Director 3	Director 4
Name		
Address		
Nationality		
Place of residence		
Occupation		

	Director 5	Appointed Manager
Name		
Address		
Nationality		
Place of residence		
Occupation		

Note: If you require additional space for the names and details of Directors, a separate sheet must be attached to this application

Documentation Checklist (please check the following)

- The following forms should be duly filled and signed by the applicant:
 - Social club license application
 - Social category service list
- List of board members responsible for managing the social club along with their passport copies with visa page and resumes.
- Detailed plan of the activities and objectives intended to be provided by the social club.
- Financial plan of the club for the next 2 years.
- Attested version of the by-laws governing the social club (Arabic and English versions).
- Proposed location for the social club with proof of availability.
- Recommendation letter from any supporting organization.
- Copy of board resolution authorizing the applicant to represent the club in the application process.

Signature Sheet below must be completed by all applicants

By signing below, I/we, hereby certify that, I/we am an authorized party who has the capacity and authority to make this application to CDA. I/we accept to settle all fee(s) that are applicable as a result of this application. I/we also certify that all information provided is correct to the best of my knowledge. I/we agree to abide by the laws, rules and regulations of CDA applicable in the Emirates of Dubai.

Name of Applicant	
Position	
Address	
Phone	
Fax	
P.O.BOX	
E-mail	
Date & Signature	

FOR CDA OFFICIAL USE ONLY

Application/Documentation Approval	
Name	
Signature	
Date	

Licensure Approval	
Name	
Signature	
Date	