



AUDIT FIRM'S APPLICATION FORM			
New Application		Renewal Application	
Name of Audit Firm			
Company Trade License Number / Registration Number			
Licensing / Registration Authority			
License Start Date			
License Expiry Date			
Certificate from Ministry of Economy Start Date			
Certificate from Ministry of Economy Expiry Date			
Total No. of Offices in UAE			
Main Physical Address (UAE)			
P.O. Box Number			
Telephone Number			
Email Address			
Website			
Head Office Address (if different from above)			
If you are an affiliate/member firm of any International Audit Firm, please provide details			
Number of DMCC Clients *			
Number of audits undertaken in the past year from non-DMCC Clients			
Name of the Appointed Lead Auditor (The qualified auditor representing the audit firm for DMCC.)			

*Please attached the list of your DMCC clients in an excel sheet.

DECLARATION OF ULTIMATE BENEFICIAL OWNER (s) (UBOs)
An Ultimate Beneficial Owner is normally an individual who ultimately owns or controls 25% or more of the company or group of companies, or on whose behalf a transaction or activity is being conducted.



Details of Beneficial Owners (BOs) – Corporate Entities (In case of branch or subsidiaries)		
Parent Company Name	Address of Registered Office	% of Shares in Applicant Company

Details of Ultimate Beneficial Owners (UBOs) - Individuals			
Full Name (as per Passport)	UBO 1	UBO 2	UBO 3
Date of Birth (dd/mm/yyyy)			
Passport Number			
Nationality			
Residential Address			
Shareholding Percentage (%) in the Parent Company			

In case of more than three UBOs, please provide the above table for additional UBOs.

LEAD AUDITOR & AUDIT TEAM MEMBERS AUDITING DMCC CLIENTS **						
Sr. No.	Auditors Name (as per Passport)	Date of Association	Designation	Passport No.	Qualifications (certificates to be attached)	Issuing Country
1.						
2.						
3.						
4.						
5.						

** With Public Accounting Qualification (as that term is defined in the Approved Auditor Rules). Only information of a maximum of 5 Lead Auditor(s) and Audit team members are required.

This form should be duly completed and signed by the Audit Partner of the Audit Firm.

Audit Partner _____

Signature: _____ **Date:** _____