

To help us assess your requirements, please complete this form and email it to the Dubai Silicon Oasis Authority.
Please mark with an X where necessary.

Your Proposal to DSOA

1. Type of Company you wish to establish

Branch
 (kindly note that a branch cannot have a different activity than that of the parent company)

Free Zone Establishment
 (individual/non individual)

Free Zone Company
 (individual/non individual)

2. Company name you wish to use (applicable for FZE/FZCO only)

1st choice: _____

2nd choice: _____

3. Please select the license you require

Service

Trading

Industrial

4. Please select the type of activity proposed

Service

Import/Export

Distribution

Assembly

Manufacturing

Others

(Please describe the specific activity that will be carried out at DSO. For example if you check Distribution, describe what products you will distribute).

5. What markets are you interested in reaching?

Global

USA

West Europe

East Europe

Far East

Others

6. What facilities will you require?

Office
 required area in sq.m

Light Individual Unit (LIU)/ Warehouse
 How many LIUs do you require?

Land
 required area in sq.m

7. What will be your requirements for the following utilities? (Applicable for LIU & Land only)

Electricity (KVA Supply capacity)

Water (gallons per day)

8. Do you have a legal representative?

Yes

No

If yes please give details:

Name: _____

Contact person: _____

Address: _____

Tel: _____ Fax: _____ Mobile: _____

Email: _____

Please complete PART 2 before submitting

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Background Details

1. Do you currently own any company/companies or have a partnership in any company?

Yes

No

2. If yes, give company details:

Company name: _____

Address: _____

City: _____ Country: _____

Tel: _____ Fax: _____

Mobile: _____ Email: _____

Website: _____

3. When and where was your company established?

4. What is the activity of your company?

5. Does your company or business operate in the UAE?

Yes

No

6. If yes, please give local contact details:

Name: _____

Company: _____

Emirate: _____

Tel: _____ Fax: _____

Email: _____

7. Please name two banks we may contact for references.

Bank Name: _____

Address: _____

Tel: _____

Fax: _____

Bank Name: _____

Address: _____

Tel: _____

Fax: _____

8. How did you hear about the Dubai Silicon Oasis Authority? (Please select more than one if applicable, with details where possible)

Magazine Advertising _____ (Please specify)

Newspaper Advertising _____ (Please specify)

Exhibition/s _____ (Please specify)

Brochure, Information packs or flyers

Editorial or Press Release _____ (Please specify)

Video

Television

Trade Visit or Delegation

Other _____ (Please specify)

Name: _____

Job title: _____

Date: _____

Signature: _____

Thank you for your interest in the Dubai Silicon Oasis Authority.