UNITED ARAB EMIRATES
TELECOMMUNICATIONS REGULATORY AUTHORITY

CERTIFICATION SERVICE PROVIDER CROSS-CERTIFICATION NOTIFICATION FORM

This Certification Service Provider (CSP) Cross-Certification Notification Form is provided pursuant to the Certification Service Provider Regulations enacted under Federal Law No. (1) of 2006 on Electronic Commerce and Transactions. Please refer to these legal instruments and the Telecommunications Regulatory Authority website at www.tra.ae if you require further clarification.

- Please TYPE or PRINT in black ink.
- Sign, date and return original AND ONE COPY of this form and all attachments to:

  Telecommunications Regulatory Authority
  C/O eCommerce Department
  P.O. Box 116688 Dubai, U.A.E.

1. NAME AND ADDRESS OF U.A.E. CERTIFICATION SERVICE PROVIDER (CSP) SUBMITTING THIS NOTIFICATION

CSP Name: _____________________________________________________________________________________________________

Trade License Number: __________________________________________________________

CSP License Number: ____________________________________________________________

Mailing Address: __________________________________________________________________________________________________

City / Emirate:____________________________   Country: ___________________________  P.O. Box: ______________________

U.A.E. Registered Office Address (if different from mailing address): __________________________________________________________

Emirate: _____________________________    P.O. Box: ______________________

Telephone: (______)________________  Email: ____________________________________    Fax: (______)________________

Website: __________________________________

Name of Individual Responsible for this Notification: ________________________________________________________________

Job Title: _________________________________

Telephone: (_____)_____________   Email: ________________________________    Fax: (_____)_____________

2. NAME AND ADDRESS OF PROPOSED CROSS-CERTIFYING CSP (“FOREIGN CSP”)

Foreign CSP Name: ____________________________________________________________________________________________

Jurisdiction of Incorporation (or equivalent):_______________________________________________________________

Corporate Structure (i.e. Corporation, Partnership, etc.): ___________________________________________________
Trade / Business License Number (or equivalent): __________________________________________________________

Mailing Address: ___________________________________________________________________________________

City:____________________________ Country: ___________________________ P.O. Box: ______________________

Registered Office Address (if different from mailing address): _____________________________________________

City:____________________________ Country: ___________________________ P.O. Box: ______________________

Telephone: (______)________________  Email: ____________________________________    Fax: (______)________________

Website: __________________________________

Name of Individual at Foreign CSP to Contact Regarding this Notification: _________________________________

Job Title: __________________________________

Telephone: (______)________________  Email: ____________________________________    Fax: (______)________________

3. HAS THE FOREIGN CSP PREVIOUSLY APPLIED TO BE A LICENSED CSP IN THE UNITED ARAB EMIRATES?

☐ Yes        ☐ No

IF YES, WHAT WAS THE RESULT OF THAT APPLICATION? PROVIDE DETAILS WHERE THE RESULT OF SUCH APPLICATION WAS UNSUCCESSFUL. ATTACH SUPPLEMENTARY SHEETS IF NECESSARY.

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4. HAS THE FOREIGN CSP APPLIED TO A COMPETENT AUTHORITY IN ANOTHER JURISDICTION TO BECOME A LICENSED / RECOGNIZED / APPROVED / REGISTERED OR ACCREDITED CSP OR ITS EQUIVALENT IN THAT JURISDICTION?

☐ Yes        ☐ No

IF YES, INDICATE THE JURISDICTION(S) AND THE RESULT OF SUCH APPLICATIONS (PROVIDE DETAILS WHERE THE RESULT OF ANY SUCH APPLICATIONS WAS UNSUCCESSFUL). ATTACH SUPPLEMENTARY SHEETS IF NECESSARY.

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5. PROVIDE THE REPOSITORY INFORMATION FOR THE FOREIGN CSP REQUESTED BELOW:
Name of Repository used by Foreign CSP: ___________________________________________

Repository URL: ___________________________________

Is the Repository operated by the Foreign CSP?

☐ Yes

☐ No (if no, provide name of operating entity): ___________________________________________

6. DESCRIBE THE PROPOSED STRUCTURE OF THE CROSS-CERTIFICATION RELATIONSHIP TO BE ENTERED INTO. ATTACH SUPPLEMENTARY SHEETS IF NECESSARY.

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7. DESCRIBE THE NATURE AND SCOPE OF INVESTIGATION AND DUE DILIGENCE THAT THE CSP SUBMITTING THIS NOTIFICATION HAS CONDUCTED RESPECTING THE FOREIGN CSP AND ITS OPERATIONS. ATTACH SUPPLEMENTARY SHEETS IF NECESSARY.

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8. PLEASE INDICATE, BY CHECKING THE BOXES BELOW, THAT EACH OF THE FOLLOWING REQUIRED DOCUMENTS ARE ATTACHED TO THIS NOTIFICATION:

☐ Certification Practice Statement for Foreign CSP

☐ Articles of Incorporation, Association or equivalent constating documents for Foreign CSP

☐ Statement of Business Activities for Foreign CSP (including any activities not relating to certification services, if
9. DECLARATION OF CSP SUBMITTING THIS NOTIFICATION

By executing and submitting this notification, the undersigned declares and agrees with the following:

(i) The undersigned is authorized to sign on behalf of and legally bind the CSP submitting this notification.

(ii) The CSP submitting this notification has entered into an agreement with the Foreign CSP which contemplates the proposed cross-certification relationship and the submission of this notification.

(iii) The information contained in this notification (including all attachments) is complete and correct to the best knowledge of the CSP submitting this notification.

(iv) Further information may be requested or documents required by the Telecommunications Regulatory Authority respecting this notification.

(v) All information submitted (including all attachments) may be used for purposes related to the processing of this notification, for purposes of regulating and monitoring compliance of the CSP submitting this notification with applicable laws and regulations and for the purposes of exercising any powers or authority of the Telecommunications Regulatory Authority or any other U.A.E. governmental entity. The data collected may be transferred to parties who will be involved in the processing of this notification, and may also be disclosed to law enforcement or other governmental agencies as permitted or required by law.

Authorized Signature:_____________________________________

Print Name:_______________________________________________

Title:______________________________________________________

Telephone: _(_________)____________________________________

Email:  _____________________________________________________

Date:______________________________________________________

NON-REFUNDABLE CROSS-CERTIFICATION NOTIFICATION FEE:  AED 10,000.00

ALL SECTIONS OF THIS NOTIFICATION MUST BE COMPLETED

FOR OFFICE USE ONLY

FILED:         /               /

BY: 

NOTIFICATION NUMBER: