

Date:

**Emirate of Abu Dhabi  
Health Authority – Abu Dhabi  
P.O Box 5674  
Abu Dhabi  
United Arab Emirates**

### **DECLARATION**

We the undersigned,

| <b>No.</b> | <b>Name</b> | <b>Nationality</b> | <b>Passport No.</b> | <b>Type</b>                  |
|------------|-------------|--------------------|---------------------|------------------------------|
| <b>1</b>   |             |                    |                     | Insured                      |
| <b>2</b>   |             |                    |                     | Employer/Partner/<br>Sponsor |

Do hereby declare that all the documents including the salary/ income certificate are correct and true. If any of such documents turns out to be untrue, the Health Authority – Abu Dhabi shall have the right to impose the due penalty for such offence as stated in the Executive Regulations of the Health Insurance Law.

In witness whereof we set our hand

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**Investor**

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**Employer /Partner /Sponsor**

**Signed before us:**

Name:

Title:

Company Stamp: