

Individual Basic (Abu Dhabi) Plan Application Salary Certificate

Sponsor Information

Name	
Passport Number <i>or</i> Emirates ID Number	
Mobile Phone Number	

Member Information

Name	
Nationality	
Monthly Salary (AED)	
Job Title	
Accommodation	Yes, provided <input type="checkbox"/> No, not provided <input type="checkbox"/>

I declare that all the information I provided in this document is true and correct. I understand that providing false or untrue information shall be considered a violation of the Health Insurance Law No. 23/2005 and its Executive Regulations No. 25/2006. This includes all other amending regulations, instructions, circulars, standards and/or resolutions as applicable in the Emirate of Abu Dhabi and any applicable Federal or State laws of the United Arab Emirates.

(Sponsor Signature)

(Date)