



## إقرار وتعهد بالالتزام بإجراءات الحجر الصحي

أنا الموقع أدناه أتعهد بأنه تم إبلاغي بالإجراءات الصحية والنصائح الطبية الواجب اتباعها، وأنني أدرك المخاطر التي من الممكن أن تلحق بالمجتمع في حال عدم التزامي، لذا حرصاً على الصحة العامة وتجنب المساءلة القانونية أتعهد بعدم مغادرة الحجر الصحي مع مراعاة تجنب مخالطة الآخرين قدر الإمكان حتى نهاية الإجراءات الصحية المطلوبة وفترة الحجر الصحي لمدة ١٤ يومًا اعتبارًا من التاريخ المحدد من قبل الجهة الصحية وذلك إقرارًا مني بأنه تم إخطاري بما ذكر أعلاه و تجنباً للمساءلة القانونية في حال عدم التزامي بإجراءات الحجر الصحي.

رقم الجواز/ الهوية الوطنية:.....	الاسم : .....
رقم الهاتف الثابت:.....	رقم الهاتف المتحرك : .....
البريد الإلكتروني: .....	رقم أحد الأقارب أو الكفيل: .....
التاريخ: ..... / ..... / .....	التوقيع: .....

## Undertaking to implement and adhere to the quarantine procedure

I undertake / declare that I was notified about the health procedures and the medical advices that I should follow, and that I am aware of the risks that could happen to the community in case I am not committed to those procedures, for the sake of public health and to avoid the legal accountability I hereby declare that I will not leave the quarantine and I will not get in contact with others until the required health measures are met. The duration of the quarantine is 14 days starting from the date identified by health authority

This is my acknowledgment that I have been notified of the above mentioned. and that failure to adhere to the procedure will subject me to legal action.

Name: .....	Passport / ID No: .....
Mobile number: .....	Home number: .....
Number of friend/sponsor/next of kin: .....	
Email address: .....	Signature: .....
Date: ..... / ..... / .....	



To protect your health, public health officers need you to complete this form. Your information would help public health officers to contact you if you were exposed to a communicable disease. It is important to fill out this form completely and accurately. Your information is intended to be held in accordance with applicable laws and used only for public health purposes.

## WRITE CLEARLY AND IN BLOCK LETTERS

### PERSONAL DATA

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Nationality: \_\_\_\_\_ Gender: \_\_\_\_\_

DOB: \_\_\_\_\_ Emirates ID/Passport: \_\_\_\_\_

Contact Number: \_\_\_\_\_

### EMPLOYMENT DATA

Job Category: \_\_\_\_\_ Employer/place of work: \_\_\_\_\_

Employer address and contact details: \_\_\_\_\_

### ACCOMODATION DATA

Address in the United Arab Emirates: \_\_\_\_\_

Do you live in:

Villa  Flat  Hotel  Apartment

Shared Accomodation  Staff Accomodation

If shared accommodation, how many people are living in the same accommodation:

\_\_\_\_\_

Do you have a separate toilet?

Yes  No

If required, are you able to self-isolate?

Yes  No

If YES, please specify: \_\_\_\_\_

If self isolation is required, can you fund your stay in isolation? (minimum \$50 per day)

Yes  No

If NO, please specify: \_\_\_\_\_



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## WRITE CLEARLY AND IN BLOCK LETTERS

### MEDICAL DATA

Do you have a chronic medical condition such as diabetes, hypertension, cancer, immune compromising disorder?

Yes  No

If YES, please specify: \_\_\_\_\_

Are you currently on any medication?

Yes  No

If YES, please specify: \_\_\_\_\_

Do you have anyone living with you who is above 60 years of age?

Yes  No

Do you have anyone living with you who is suffering from low immunity or chronic disease (diabetes, hypertension, cancer, etc.)

Yes  No

If YES, please specify: \_\_\_\_\_

Do you have health insurance?

Yes  No

### AGREEMENT

I understand that this form will be used for public health matters, and I confirm that I have filled the information required accurately

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# VISAS UNLIMITED

For professional handling of visas & passports

## Dubai Visa Application Form

<b>Applicant Given Names:</b>	
<b>Applicant Surname</b>	
<b>Father's Name:</b>	
<b>Mother's Name:</b>	
<b>Cell Phone Number:</b>	
<b>Landline Number:</b>	
<b>Passenger's e-mail address:</b>	
<b>Occupation:</b>	
<b>Residential address:</b>	
<b>Date arriving in the UAE:</b>	
<b>Date Departing the UAE:</b>	
<b>Purpose of the trip:</b>	
<b>Number of entries (single/multi):</b>	

Please supply us with the following documents:

- 1) Clear colour copy of your passport
- 2) Clear colour copy of a biometric visa photograph
- 3) This form completed (all fields required)
- 4) Flight itinerary