



## ENDORSEMENT REQUIREMENTS (SUMMARY)

ABU DHABI, DUBAI and OTHER EMIRATES

DESCRIPTION	PROVIDED	
EMAIL REQUEST	<input type="checkbox"/> YES	<input type="checkbox"/> NO
AMAN REGISTER FORM	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>ADDITION</b>		
PHOTO (in Jpeg format)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PASSPORT COPY	<input type="checkbox"/> YES	<input type="checkbox"/> NO
VISA COPY	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ENTRY STAMP/RE-ENTRY/CHANGE STATUS STAMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO
EMIRATES ID / EID APPLICATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CONTINUITY CERTIFICATE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
COPY OF PREVIOUS CANCELLED VISA	<input type="checkbox"/> YES	<input type="checkbox"/> NO
LABOR CONTRACT / PROOF OF EMPLOYMENT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
BIRTH CERTIFICATE/ HOSPITAL BIRTH NOTE / HOSPITAL DISCHARGE DETAILS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
MARRIAGE CONTRACT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
MEDICAL INSURANCE CARD COPY (PRINCIPAL / DEPENDENT- whichever is applicable)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
MEDICAL DECLARATION FORM (if applicable)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CONTINUITY CERTIFICATE (if applicable)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>DELETION</b>		
DESTROYED/CUT CARDS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
VISA CANCELLATION DOCUMENTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>OTHERS:CHANGE CATEGORY   CHANGE MARITAL STATUS   LOST CARD   MEMBER UPDATE</b>		
MARRIAGE CONTRACT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
MEDICAL DECLARATION FORM (if applicable)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
MEDICAL INSURANCE CARD COPY (PRINCIPAL / DEPENDENT- whichever is applicable)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PROMOTION LETTER/DEGRADATION NOTICE FROM COMPANY (In Company Letterhead)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
LOST CARD UNDERTAKING	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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**NOTE:**

\*Additional documentation/information may be required on case by case basis

Release of invoice and medical insurance cards will be within 3-7 working days upon submission of complete requirements.