

(FORMAT FOR GROUP/INDIVIDUAL MEDICAL INSURANCE)

**Jebel Ali Free Zone (JAFZA)
P.O. Box 17000
Jebel Ali, Dubai
United Arab Emirates**

Date: _____

Dear Sirs,

Re: Medical Insurance
Insured: (JAFZA Company's operating name)
Policy No:

We confirm that Messrs(Co. operating name) are insured with us under our Group/Individual Medical Insurance as the following details :

Insured	:	Messrs:(Co. operating name).....
Location	:	Jebel Ali Free Zone
Period of Insurance	:	From to
Cover	:	Group/Individual Medical Insurance, as per the terms and conditions of the policy.
Limit of Indemnity	:	AED Overall maximum per insured person per insurance period.
Persons covered	:	All JAFZA sponsored employees of the company as detailed in the membership census provided and vouched for by the insured. (If individual, name of the employee).

We also confirm that a 30 (thirty) days notice will be given to you and the insured prior to the non-renewal or cancellation of the policy.

Yours faithfully,

**(Signature & Official seal of the Insurance Co.)
(Name of the Insurance Co.)**