

Group/Individual Medical Insurance



Jebel Ali Free Zone
P.O.Box 16888
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 Group/Individual Medical Insurance as the following
details:

Insured: Messrs: _____ (Co.operating name) _____

Location: Location: Jebel Ali Free Zone

Period of Insurance: 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 insurance period.

Persons covered: All Jafza sponsored employees of the company as detailed in the membership
census provided and vouched for by the insured.
(In individual, name of the employee).

Yours faithfully,

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