



DATAFLOW

دائرة الصحة
DEPARTMENT OF HEALTH



Disclaimer for Signature

I (full name), residing at
.....

Date of Birth, hereby declare that I have read the instructions carefully available on www.dfdoh.com and submitted all documents according to the Department of Health - Abu Dhabi requirements.

I am responsible for any rejection by DOH or delay that may incur if the information I submit is incomplete or I re-submit any documents at a later stage.

I understand that completing the verification process does not guarantee the attainment of a license if I do not meet the DOH criteria.

I hereby authorize the DataFlow Group to contact my current employer, to release all necessary information Yes No

If No, please mention the date when the DataFlow Group can contact your current employer:

Date:

I hereby confirm that I will cooperate with the DataFlow Group team to provide the required documents and information when needed.

Signature _____

Date of Application _____