

# UNITED ARAB EMIRATES



## INTRODUCTRY STATEMENT

Statement No

Add Photo

Full Name

Family Name  Alias

Place of Birth  Date of Birth

Previous Nationality  Present Nationality

Religion  Sect

Date of Entry to U.A.E  Port of Entry

Sponsor Upon Entry

## PRESENT SPONSOR

Place of Employment  Profession

Office Tel No  Bank  Salary

## PASSPORT AND RESIDENCE DETAILS

Passport/Document No  Place of Issue

Date of Issue  Date of Expiry

Residence V. No  Place of Issue

Date of Issue  Date of Expiry

## QUALIFICATION

School/ University

Date of Graduation  Country

Languages

## MARITAL STATUS

Name of Spouse  Nationality

Place of Birth  Date of Birth

Employer  Profession

## CHILDREN

1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>
4	<input type="text"/>	5	<input type="text"/>	6	<input type="text"/>
7	<input type="text"/>	8	<input type="text"/>	9	<input type="text"/>

Father's Name	<input type="text"/>	Nationality	<input type="text"/>
Place of Birth	<input type="text"/>	Date of Birth	<input type="text"/>
Employer	<input type="text"/>	Profession	<input type="text"/>
Mother's Name	<input type="text"/>	Nationality	<input type="text"/>
Place of Birth	<input type="text"/>	Date of Birth	<input type="text"/>
Employer	<input type="text"/>	Profession	<input type="text"/>

## RELATIVES

	<u>Name</u>	<u>Nationality</u>	<u>Employer</u>
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>

## FRIENDS

	<u>Name</u>	<u>Nationality</u>	<u>Employer</u>
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>

## RESIDENCE DETAILS

Zone	<input type="text"/>	Street	<input type="text"/>
Proprietor	<input type="text"/>	House/Building No	<input type="text"/>
Floor No	<input type="text"/>	Flat No	<input type="text"/>
Res. Tel. No	<input type="text"/>	Mobile Tel. No	<input type="text"/>
Pager	<input type="text"/>	P.O. Box	<input type="text"/>

## PREVIOUS EMPLOYMENT IN U.A.E

1	<input type="text"/>	2	<input type="text"/>
3	<input type="text"/>	4	<input type="text"/>

### COUNTRIES YOU VISITED

1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>
4	<input type="text"/>	5	<input type="text"/>	6	<input type="text"/>

### COUNTRIES OF PREVIOUS EMPLOYMENT

1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>
4	<input type="text"/>	5	<input type="text"/>	6	<input type="text"/>

### VEHICLE DETAILS

Type	<input type="text"/>	Place of Registration	<input type="text"/>
Plate No	<input type="text"/>	Colour of Plate	<input type="text"/>
D. License No	<input type="text"/>	Place of Issue	<input type="text"/>
Date of Issue	<input type="text"/>	Date of Expiry	<input type="text"/>

**HAD YOU EVER BEEN IN THE MILITARY SERVICE ?I**      **YES**          **NO**   

a- Country	<input type="text"/>	b- Type of Service	<input type="text"/>
c- Rank	<input type="text"/>	d- Duration	<input type="text"/>

I the undersigned undertake that details contained in this statement are correct and complete

Enclosure:      Four Personal photos,                      One photo copy of passport

Date of Employment

Name	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>