



INDIAN ASSOCIATION SHARJAH

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MEDICAL INSURANCE – APPLICATION FORM

Name of Applicant : _____

(As per Passport)

IAS Member IAS/SIS/GRN Staff FAMILY

IAS Member or Staff, ID No. - _____

If Family, please mention IAS Member or Staff, ID No & Relation _____

Address in U.A.E : P.O Box No. _____ Emirate: _____

Telephone : Residence: _____

: Mobile: _____

E-mail : _____

Date of Birth : _____

Gender : _____

Marital Status : _____

Relationship (EMPLOYEE/SPOUSE/CHILD) : _____

Nationality : _____

Passport No. : _____

Member UID Number : _____

EID Number : _____

Visa file number : _____

Visa Issued Emirate : _____

Signature : _____

Date : _____

FOR OFFICE USE ONLY

Reference No. : _____

Date of Submission : _____

Signature : _____