**BUSINESS CARD APPLICATION FORM**

Please fill out the following details to apply for your business card and forward it to the Marketing and Communications Assistant.

English

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Address | **Level 13, Aldar HQ Building, Al Raha Beach, PO Box 63788 Abu Dhabi, UAE** |
| Telephone | **+9712 5968600** |
| Fax | **+9712 441 2266** |
| Mobile |  |
| Email Address |  |
| Website Address | [**www.nationalambulance.ae**](http://www.nationalambulance.ae) |

Arabic *(Please leave blank if Arabic is not your first language)*

|  |  |
| --- | --- |
|  | **الإسم** |
|  | **المسمى الوظيفي** |
| الطابق 13، مبنى مقر الدار  شاطئ الراحة، أبوظبي ص.ب. 63788 أبوظبي، ا.ع.م. | **العنوان** |
| **+** **٩٧١٢٥٩٦٨٦٠٠** | **هاتف** |
| **+** **٩٧١٢٤٤١٢٢٦٦** | **فاكس** |
|  | **متحرك** |
|  | **إيميل** |
| [**www.nationalambulance.ae**](http://www.nationalambulance.ae) | **الموقع** |