**DEBT DECLARATION**

**Employees who are Band 2 and below are required to submit a Debt Declaration Form when requesting a Certificate for a bank or other lending institution. Depending on the amount of debt/circumstances will depend on whether a certificate will be issued.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | **Employee No** |  | **Position** |  | **Contract Start Date:**  *(day/month/year)* |  |

**REASON FOR SALARY CERTIFICATE REQUEST:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Bank/Lending Institution Name**  ***(name and branch)*** | **Representative Contact Details *(name/number)*** | **Debit Type**  ***(loan/credit card etc)*** | **Amount of Debt /**  **Credit Limit** | **Monthly Repayments** | **To be repaid by**  *(dd/mm/yyyy)* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**CURRENT DEBT IN UAE:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Bank/Lending Institution Name**  ***(name and branch)*** | **Representative Contact Details *(name/number)*** | **Debit Type**  ***(loan/credit card etc)*** | **Amount of Debt /**  **Credit Limit** | **Monthly Repayments** | **To be repaid by**  *(dd/mm/yyyy)* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**CURRENT DEBT IN OTHER COUNTRIES:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Country/Bank/Lending Institution Name**  ***(name and branch)*** | **Representative Contact Details *(name/number)*** | **Debit Type**  ***(loan/credit card etc)*** | **Amount of Debt /**  **Credit Limit** | **Monthly Repayments** | **To be repaid by**  *(dd/mm/yyyy)* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**I declare that these are the only debts that I have.**

**I authorize the financial institution to which the salary certificate will be issued to provide details TO National Ambulance of my debts due to them on a monthly basis for as long as my debt remains unpaid. I also confirm that I will have no claim against the financial institution for providing, or against National Ambulance for receiving, details of my outstanding financial commitments.**

**I acknowledge that should debts be discovered which have not been disclosed on this form that this may be cause for disciplinary action, up to and including termination of my employment with National Ambulance.**

**…………………………………………. Date:……………………………**

**Employee Signature *(dd/mm/yyyy)***

***For HR use only:***

|  |  |  |  |
| --- | --- | --- | --- |
| **HR Action:** | | **Remarks** | |
| **DOH / MOH License** | |  | |
| **UAE Driver’s License** | |  | |
| **Payroll Bank** | |  | |
| **Basic Salary** | |  | |
| **Disciplinary Action** | |  | |
|  | | | |
| **Signed:** |  | **Date:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **HR & Corporate Service Manager:** | | | | | |
| **Approved:** | | YES | NO |  | |
| **Comments:** | | | | | |
| **Signed:** |  | | **Date:** | |  |