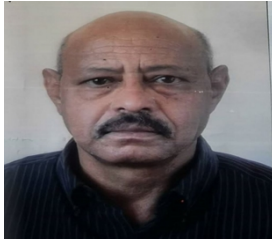




إذن دخول إلكتروني - eVisa



22130117485959/1



عمل

EMPLOYMENT



ENTRY PERMIT NO :

201/2021/2303146

إذن دخول رقم :

Date & Place of Issue : 18-05-2021 Dubai

2021-05-18 دبي

تاريخ ومحل الإصدار :

Valid Until : 16-07-2021

2021-07-16

تاريخ صلاحية الدخول :

U.I.D. No. :

114200187

الرقم الموحد :

Allowed to Enter U.A.E to :

أجيز بدخول دولة الامارات العربية المتحدة الى :

Full Name : Mr. HASSAN ALI HASSAN GHARIBA

الاسم الكامل : حسن على حسن غريبه

Nationality : SUDAN

الجنسية : السودان

Place of Birth : OMDURMAN

مكان الميلاد : امدرمان

Date of Birth : 23/01/1961

تاريخ الميلاد : 1961/01/23

Passport No. : Normal / P05340538

رقم الجواز : عادي / P05340538

Profession : PUBLIC RELATIONS MANAGER

المهنة : مدير علاقات عامه

Accompanied by

المرافقون

None

لا يوجد

الكفيل Sponsor

Name : TOP CONNECT DOCUMENTS CLEARING SERVICE

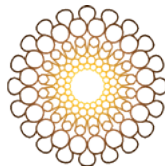
توب كونيكت لمتابعة المعاملات

Address : TEL: 043578862 P.O.BOX: 52658 , 2/1/739989

العنوان :

Note : ENJOY YOUR VISIT & LEAVE BEFORE YOUR VISA EXPIRES SO WE CAN WELCOME YOU AGAIN

تنبيه : تتمتع بزيارتك وغادر قبل إنتهائها ليتم الترحيب بك مرة أخرى



إكسبو 2020
دبي، الإمارات العربية المتحدة
DUBAI, UNITED ARAB EMIRATES

دبي
عاصمة
الإعلام
العربي
DUBAI THE CAPITAL
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Director General of Residency & Foreigners Affairs

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(i)

- (ب) تَتِيْلَه :

- 3 - على الكفيل تسليم الأذن لمركز الدخول قبل وصول المكفول.

原始的许可证应该在到达后进入海关关口时提交给移民官员。



To protect your health, public health officers need you to complete this form. Your information would help public health officers to contact you if you were exposed to a communicable disease. It is important to fill out this form completely and accurately. Your information is intended to be held in accordance with applicable laws and used only for public health purposes.

WRITE CLEARLY AND IN BLOCK LETTERS

PERSONAL DATA

First Name: _____ Surname: _____
Nationality: _____ Gender: _____
DOB: _____ Emirates ID/Passport: _____
Flight Number: _____ Seat Number: _____
Depart From: _____ Final Destination: _____
Contact Number: _____

EMPLOYMENT DATA

Job Category: _____ Employer/place of work: _____
Employer address and contact details: _____

ACCOMODATION DATA

Address in the United Arab Emirates: _____

Do you live in:

- ☐ Villa ☐ Flat ☐ Hotel ☐ Apartment
☐ Shared Accomodation ☐ Staff Accomodation

If shared accommodation, how many people are living in the same accommodation:

If required, are you able to self-isolate?

- ☐ Yes ☐ No

If YES, please specify: _____

Do you have a separate toilet?

- ☐ Yes ☐ No

If self isolation is required, can you fund your stay in isolation? (minimum \$50 per day)

- ☐ Yes ☐ No

If NO, please specify: _____



MEDICAL DATA

Do you have any of the following flu like symptoms:

- ☐ Fever ☐ Cough ☐ Sore Throat
☐ Runny Nose ☐ Shortness of Breath

Others, please specify: _____

Do you have a chronic medical condition such as diabetes, hypertension, cancer, immune compromising disorder?

- ☐ Yes ☐ No

If YES, please specify: _____

Are you currently on any medication?

- ☐ Yes ☐ No

If YES, please specify: _____

Do you have anyone living with you who is above 60 years of age?

- ☐ Yes ☐ No

Do you have anyone living with you who is suffering from low immunity or chronic disease (diabetes, hypertension, cancer, etc.)

- ☐ Yes ☐ No

If YES, please specify: _____

Do you have health insurance?

- ☐ Yes ☐ No

AGREEMENT

I understand that this form will be used for public health matters, and I confirm that
I have filled the information required accurately

Name: _____

Signature: _____

Date: _____