

Date: \_\_\_\_\_

To: Gulf Insurance Group (Gulf) B.S.C. (c) – Dubai Branch

### Employment and Salary Declaration

I, (Name of the Employer) \_\_\_\_\_, holder of  
(Nationality) \_\_\_\_\_ nationality with passport number  
\_\_\_\_\_ and Emirates ID No. \_\_\_\_\_, hereby confirm that:

**Name of the Employee:** \_\_\_\_\_,

**Nationality:** \_\_\_\_\_,

**Passport Number:** \_\_\_\_\_,

**Emirates I.D. Number:** \_\_\_\_\_;

is an employee under my sponsorship receiving a monthly salary of  
AED \_\_\_\_\_.

This Declaration is made in good faith as part of the medical insurance application requirements for the Essential Benefits Plan of Gulf Insurance Group (Gulf) B.S.C. (c) – Dubai Branch.

Regards,

Signature of the Sponsor / Employer: \_\_\_\_\_

Name of the Sponsor / Employer: \_\_\_\_\_