

TEXT FOR GROUP MEDICAL INSURANCE POLICY

**TechnoPark
P.O. Box 16777
Jebel Ali, Dubai
United Arab Emirates**

Date: _____

Dear Sirs,

**Re: Group Medical Insurance
Insured: (TechnoPark Company's operating name)
Policy No: **

We confirm that Messrs(Co. operating name) are insured with us under our Group Medical Insurance as the following details :

Insured : Messrs:(Co. operating name).....

Location : Jebel Ali Free Zone

Period of Insurance : From to

Cover : Group Medical Insurance, as per the terms and conditions of the policy.

Limit of Indemnity : AED Overall maximum per insured person per insurance period.

Persons covered : All TechnoPark sponsored employees of the company as detailed in the membership census provided and vouched for by the insured.

We also confirm that a 30 (thirty) days notice will be given to you and the insured prior to the non-renewal or cancellation of the policy.

Yours faithfully,

(Signature & Official seal of the Insurance Co.)

(Name of the Insurance Co.)