**Financial Statements – Summary Sheet**

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| --- | --- | --- | --- |
| **Company Details** | | | |
| **Company Name** |  | | |
| **Company address** |  | | |
| **License Number** |  | | |
| **Financial Information Amount (In UAE – Dirham/USD)** | | | |
| **Financial Year Start Date** |  | **Financial Year End Date** |  |
| **Revenue for the financial year** |  | **Total Salaries for the financial year** |  |
| **Direct costs for the financial year** |  | **Total Depreciation** |  |
| **Indirect costs for the financial year** |  | **Total Other income (including finance income)** |  |
| **Current Assets** |  | **Non-Current Assets** |  |
| **Fixed Assets** |  | **Total Assets**  **(Current Assets+ Non-Current**  **Assets+ Fixed Assets)** |  |
| **Long Term Liabilities** |  | **Total Liabilities**  **(Current + Long Term)** |  |
| **Total adjustments at statement of changes in Equity** |  | **Net Profit/(Loss)** |  |
| **Closing Retained Earnings/(Accumulated Losses)** |  | **Opening Retained**  **Earnings/(Accumulated**  **Losses)** |  |
| **Share Capital** |  | **Total Capital expenditure** |  |
| **Total Equity** |  | **Total Equities and Liabilities** |  |
| **Declaration** | | | |
| I hereby declare that all the information provided is true and best of my knowledge and also I undertake to submit audited financial Statement as and when requested by Dubai Healthcare City Authority | | | |
| **Authorized Signatory name** |  | | |
| **Authorized Signatory Title** |  | | |
| **Authorized Signatory** |  | **Date** |  |
| **Company Stamp** |  | | |

Note:

1. Total Equities and Liabilities should equal to Total assets.
2. Direct costs means all operational costs which are directly involved in earning revenue.
3. Indirect costs means all costs which are fixed in nature.