Department: Professional Licensing Department (PLD)

Document Identifier: F/HCP/002/01

DHCR SpEcial Letter Request

FORM

**Please type and provide all the requested information.**

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| **Applicant information** |
| First Name:  | Middle Name:  |
| Last Name:  | Mobile Number:  |
| Email Address: :  |
| **Please fill the details of the required letter** |
| **I would like to request a letter issued from Dubai Healthcare City Authority that states:**  |
| **This letter should be addressed to**:  |
| **Address:** :  |
| **Notes:** |
| * The name should be written as per the typed name on the passport.
* All letters are subject to additional AED 20/- knowledge and innovation fees.
* All paid fees are non-refundable.
* You will be notified once your request is ready for collection not before 5 working days from payment date.
* Urgent request will be charged extra 500 AED and will be ready for collection within 2 working days.
* Additional AED 120/- applicable in case the letter was to be sent to a third party. Please provide the Official Courier address of the receiving body.
* Certificates of Good Standing (CGS) can be requested online through www.dhcc.ae (E-services) Letter Issuance Service.
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| **Documents to include with your request form:** |
| * Employee name, job title, employment period and legal dispute against the employee in case any.
* Receipt of payment.
* Any supporting documents related to the requested.
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| **Declaration** |
| * I hereby certify that the information provided above in this application, including all statements and documentation are correct and true.
* I hereby certify that during my license period at DHCC, NO disciplinary nor legal action has been taken against me concerning my competencies, professional conduct, abuse or misuse of chemical substances or drugs.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |