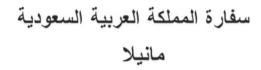
Royal Embassy of Saudi Arabia Manila





Date:

CLINIC REGISTRATION FORM For On-Line Medical Access Program Provided for KSA Visa System Accredited with the Saudi Embassy

COMPLETE CLINIC NAME	
SHORT NAME	
CLINIC CODE NUMBER	
CENTIO CODE NOMBER	
COMPLETE ADDRESS	
COMPLETE ADDRESS	
CONTACT NUMBERS	
E-MAIL ADDRESS	
E-MAIL ADDRESS	
AUTHODIZED NAME	
AUTHORIZED NAME "main or head"	
	SEAL
SIGNATURE	

PLEASE fill up the information clearly.