

STATEMENT OF COMPLIANCE CHECKLIST

Company Name	[enter company name]
INSTRUCTIONS:	<p>Please follow these instructions:</p> <ol style="list-style-type: none"> 1. Fill in all the fields indicated with yellow highlight [enter data] 2. Print the completed Statement of Compliance 3. Sign by an authorized signatory (as stated on your Power of Attorney or equivalent document) 4. Apply company stamp/seal where shown 5. Send the <u>original Statement of Compliance</u> to the address below <p>Please note that all of the items below are mandatory for Statement of Compliance approval, so please make sure you fulfill all of them and check them off before submission.</p>
<input type="checkbox"/>	Company Name
<input type="checkbox"/>	Company Address
<input type="checkbox"/>	Printed Name
<input type="checkbox"/>	Printed Title/Designation
<input type="checkbox"/>	Original Signature by an authorized signatory (as stated on your Power of Attorney or equivalent document)
<input type="checkbox"/>	Printed Date
<input type="checkbox"/>	Company Seal/Stamp
<input type="checkbox"/>	Date

Submitted By:	
Name	[enter name]
Signature	
Date	

Note: Send the original Statement of Compliance to the following address:

Courier address:

Confidential – Statement of Compliance
PSC Documentation Office (Mr. Leopoldo Sualog, III)
Emirates Nuclear Energy Corporation (ENEC)
New ENEC Headquarter Office, Masdar City
Abu Dhabi, United Arab Emirates

Postal address:

Confidential – Statement of Compliance
PSC Documentation Office (Mr. Leopoldo Sualog, III)
Emirates Nuclear Energy Corporation (ENEC)
New ENEC Headquarter Office
Masdar City, PO Box 112010
Abu Dhabi, United Arab Emirates

STATEMENT OF COMPLIANCE

This is to confirm that we, **[insert company name]**, having our registered office located at **[insert address]**, comply with the following, in connection with workers' welfare and protection:

- Providing workers with health insurance.
- Providing Abu Dhabi based workers with proper accommodation in the Emirate of Abu Dhabi.
- Providing workers with a valid residency according to the legislations in force.
- Implementing the Wages Protection System applicable at the Ministry of Labour.
- Implementing the rules and provisions of the Federal Labour Law.

Name: [insert name]

Title: [insert title]

Signature:

Date:

Note: must be signed by an Authorised Signatory / Power of Attorney

Company Stamp: Apply Company Stamp
(UAE Companies Only)

[Day/Month/Year]