STATEMENT OF COMPLIANCE CHECKLIST

|  |  |
| --- | --- |
| Company Name | [enter company name] |
| INSTRUCTIONS: | Please follow these instructions:   1. Fill in all the fields indicated with yellow highlight  [enter data] 2. Print the completed Statement of Compliance 3. Obtain signature on this Statement of Compliance by an authorized signatory (as stated on your Power of Attorney or equivalent document written in English or other language with legal translation in English) 4. Apply company stamp/seal where shown   Please note that all of the items below are mandatory for Statement of Compliance approval, so please make sure you fill all of them and check them off before submission. |
|  | Company Name |
|  | Company Address |
|  | Printed Name |
|  | Printed Title/Designation |
|  | Original Signature by an authorized signatory (as stated on your Power of Attorney or equivalent document written in English or other language with legal translation in English) |
|  | Printed Date |
|  | Company Seal/Stamp (for UAE Companies only) |

**STATEMENT OF COMPLIANCE**

This is to confirm that we, [insert company name], having our regsistered 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: Click here to enter a date.

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

Company Stamp: Apply Company Stamp

(UAE Companies Only)