



CEDARS Care Card

Application Form

Simply fill in the CEDARS Care Card application form below. You will receive your own Care Card and become a member of our promotion program.

Date: * _____

Full Name: * _____

Company Name: * _____

Nationality: * _____ Age: * _____ Male/Female: * _____

Mob: * _____ Tel No: _____

Fax: _____ P.O Box: _____

Email: * _____

Terms & Conditions:

- Availing of **CEDARS Care Card** is FREE.
- 05% to 50% discount for services at CEDARS – Jebel Ali International Hospital not including consultations and pharmaceutical items.
- Card Holder should always bring the **CEDARS Care Card** on every visit to avail the discount. No card. No discount.
- Valid for cash transactions only. Should not be use in conjunction with other promotions and insurance
- Validity as per date stated.
- In case of lost, individual may request for replacement subject to replacement fee of 100 AED.
- Excludes consultations, pharmacy, consumables, etc.

*Signature over Name **

Office Use Only:-

Care Card No:	Name of Issuing Personnel	Signature