

Ruwais City Residents Entry & Exit Authorization



Start Date

/ /

End Date

/ /

Duration

Movement Type

Entry Exit Entry & Exit

Personal Information

#	Name	EID / Visa Number	Contact Number
1			
2			
3			

Company / Sponsor

Company /Spon.

Declaration

For ADNOC Employee: Department Manager Approval Received?

Yes No

Do you have COVID19 Infection history?

Yes No

If yes, please provide COVID19 clearance certificate from Hospital & authorized institute

Do you have COVID19 suspected exposure history?

Yes No

For Re-entry into Ruwais, 14 days quarantine to be followed / COVID19

Yes No

Date

Name

Signature

Ruwais Security