

## PAYMENT FORM FOR REFUNDABLE PAYMENT

1. Name of the Employer :  
(Sponsor)
2. Sponsor's Passport/ID No. :
3. Sponsor's Address :
4. Sponsor's Telephone Nos. - Residence :  
Mobile :
5. Name of the Employee :
6. Passport No. of Employee :
7. Date of Birth of the Employee:
8. Monthly Salary :
9. Address in Sri Lanka :  
(Employee)
10. Telephone No. of Employee :

**I do hereby pay 3,675.00 AED**

.....  
Signature of the Applicant

Date : .....  
(DD/MM/YYYY)