

PAYMENT FORM FOR NON-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 1,470.00 AED

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Signature of the Applicant

Date :
(DD/MM/YYYY)