



Affidavit of Support

This is to certify that individuals listed below are accompanying me during my visit for medical treatment in Thailand. These individuals of not exceed 3 persons in total are my assistants during the course of treatment. They will have to quarantine in the hospital not less than 14 days. And I will take full financial responsibility to their provisions and accommodations.

(Patient's details) Title: Mr. / Ms. / Mrs. / others

Name Passport NO.

Nationality.....

1. List of entourages:

First Name/Last Name.....

Sex : Male Female Date of Birth/...../.....(dd/mm/yyyy)

Passport NO. Nationality.....

Relationship.....

2. List of entourages:

First Name/Last Name.....

Sex : Male Female Date of Birth/...../.....(dd/mm/yyyy)

Passport NO. Nationality.....

Relationship.....

3. List of entourages:

First Name/Last Name.....

Sex : Male Female Date of Birth/...../.....(dd/mm/yyyy)

Passport NO. Nationality.....

Relationship.....

I and my entourages will arrive on (dd/mm/yyyy).....

By Land Checkpoint..... name.....

Airline..... name..... Flight No..... at..... arriving time.....

I hereby certify that the persons listed above are under my financial responsibility during my visit for medical treatment in Thailand

Signature Date dd / mm / yyyy

*The form needed to be completed and submitted to elective hospital before you arrive. Please bring originals to process the immigration at custom control, Airport, Thailand.

(Hospital Seal)