



Certificate of Membership

To Whom It May Concern
Dear Sir/Madam

This letter is to confirm that **Hamzah Bashar Alaktaa** is covered under BUPA Arabia's health care program according to the following membership details:

Contract Name:	Bupa Direct - Smart Unit Trading est
Contract ID:	56822800
Membership No:	36632924
Year of birth	1983-06-19
Level of cover	Essential 2.1
Expiry Date:	04/Aug/2025

All other terms and conditions are as per BUPA Arabia's policy and CCHI.

Please note that the above policy includes world-wide cover according to the following description:

Medical appropriate claims are payable up to the member maximum limit
500,000.00 SR subject to a 100 percent reimbursement according to the normal and customary prices of member's designated BUPA Arabia's network of hospitals and polyclinics.

This certificate was issued upon the member request.

Should you have any queries or wish to discuss this letter any further, please contact the undersigned.

- * Medical expense will be covered for the member on reimbursement basis as per agreed protocol and policy.
- * This letter issued to Embassies only.

Yours sincerely

