



Affidavit of Support

This is to certify that individuals listed below are accompanying me during my visit for treatment of the Wellness Quarantine program 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 any health establishment not less than 14 day. And I will take full financial responsibility to their provisions and accommodations.

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

Name:.....Passport:NO.

Nationality:.....Departure Country:

1. List of entourages:

First Name/Last Name.....

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

Passport: NO.

Nationality:.....Departure Country:

Relationship.....

2. List of entourages:

First Name/Last Name.....

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

Passport: NO.

Nationality:.....Departure Country:

Relationship.....

3. List of entourages:

First Name/Last Name.....

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

Passport: NO.

Nationality:.....Departure Country:

Relationship.....

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

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

Airline.....name.....Flight No.at.....

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

Signature.....Date.....(dd)...../.....(mm)...../.....(yyyy).....

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

(Health Establishment Seal)