

**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 ..... AAA ... AAAA ..... Passport NO. .... THXXXXXXX .....  
 Nationality ..... THAILAND .....

## 1. List of entourages:

First Name/Last Name ..... BBB... BBBBB .....  
 Sex :  Male  Female Date of Birth ...XX./...XX./...XX...(dd/mm/yyyy)  
 Passport NO. ... PRXXXXXXX ..... Nationality.....  
 Relationship..... MOTHER.....

## 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)



Version II, as of 21 August 2020