

### 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 temporarily stay in Thailand no longer than.....days. And I will take full financial responsibility to their provisions and accommodations.

<u>(Patient's details)</u> 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 ..... Airport on	
By .....	Flight No. .... at .....
I hereby certify that the persons listed above are under my financial responsibility during my visit for medical treatment in Thailand	
Signature .....	Date ..... / ..... / .....

\*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.