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.

Name Passport NO Nationality 1. List of entourages: First Name/Last Name Sex: Male Female Date of Birth (dd/mm/yyyy) Passport NO Nationality 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 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	(Patient's details) Title: Mr./Ms./Mrs./others					
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	Nationality		•••••			
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Relationship	Passport NO.					
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3. List of entourages: First Name/Last Name	Passport NO.	Nationality	•••••			
First Name/Last Name Sex : Male Female Date of Birth	Relationship					
First Name/Last Name Sex : Male Female Date of Birth	2 1:					
Sex : Male Female Date of Birth						
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I hereby certify that the persons listed above are under my financial responsibility during my visit for medical treatment in Thailand	Relationship					
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medical treatment in Thailand						
		ons listed above are	under my fir	nancial responsibility	during my visit for	
Signature	medical treatment in Thailand					
Signature Date / /	Signature	Date	1			

*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.