



**First Aid Station  
Certificate of Registration**

*This form shall be displayed in a prominent location within the First Aid Station.*

The Operator of the specified First Aid Station herein certifies that the facility shall be operated in a manner that satisfies the requirements of the State of Qatar and those set out by Qatar Petroleum, in the "Guidelines For The Establishment and Operation of First Aid Stations Within Ras Laffan Industrial City". The services provided by the specified First Aid Station shall be restricted to the client party(ies) specified within the Registration Form and shall not exceed the prescribed level of services. The Operator represents that it, and each of its qualified staff is registered and is in good standing with the State of Qatar medical agencies.

The Operator represents that it maintains, at all times, a professional liability insurance policy and other insurance against any claim for damages arising directly or indirectly in connection with the performance or non-performance of any services furnished to personnel availing themselves of the First Aid Station.

The Operator shall provide first aid care to its intended clients in a manner which neither QP nor the State of Qatar accept any responsibility to such parties and patients whatsoever or however in relation thereto. The Operator shall indemnify and hold QP, the State of Qatar and the staff of the Ras Laffan Medical Centre harmless from and against, all claims, liabilities, causes of action, expenses and costs (including without limitation, incidental expenses, legal fees and costs of litigation) of whatever kind or nature arising out of or in connection with the provision of such services.

COMPANY NAME

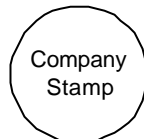
\_\_\_\_\_

COMPANY ADDRESS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



AUTHORISED SIGNATORY

CONTACT NAME / TITLE

\_\_\_\_\_ / \_\_\_\_\_

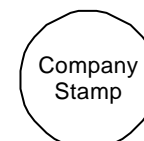
DATE \_\_\_\_\_

CONTACT INFORMATION

Phone \_\_\_\_\_ Fax \_\_\_\_\_ GSM \_\_\_\_\_ E-mail \_\_\_\_\_

For Endorsement by Ras Laffan Medical Centre Officer

Registration No. \_\_\_\_\_ Expiry Date \_\_\_\_\_  
(dd/mm/yy)



Date: \_\_\_\_\_  
(dd/mm/yy)

OFFICER'S NAME

AUTHORISED SIGNATORY