



Oman Insurance Company (P.S.C)

Location Information Update Form

Dear Sir

You are kindly requested to fill up this form with the information requested below. Availability of accurate and detailed information about how our customers and we could contact you will enable us to provide better service to our customer and you as well. Please fax back to us this form at **04-3390949**.

Your cooperation is highly appreciated

PROVIDER NAME:

Location address: -

Flat Number: - ----- Floor: - ----- Building: - -----
Opposite/ Near by/ Above: - -----
Side Street: - -----
Main Street: - -----
Area: - ----- Zone: - ----- Emirate: - -----

Telephone No.: - -----
Fax No.: - -----
Email Address (Insurance Dept for Circular Issues): - -----

PO Box No.: - ----- City: - -----

Location Manager: -

Name: - -----
Title: - -----
Telephone No.: - ----- Mobile Phone No.: - -----
Email Address: - ----- Fax No. - -----

Contact Person (Prior Approvals)

Name: - -----
Title: - -----
Telephone No.: - ----- Mobile Phone No.: - -----
Email Address: - ----- Fax No. - -----

Contact Person: (Circulars)

Name: - -----
Title: - -----
Telephone No.: - ----- Mobile Phone No.: - -----
Email Address: - ----- Fax No. - -----

Contact Person (Cheque Intimation)

Name: - -----
Title: - -----
Telephone No.: - ----- Mobile Phone No.: - -----
Email Address: - ----- Fax No. - -----

Facilities available at your location: -

Facility Name	Description
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REQUIRED ATTACHMENT: (Trade/ HAAD License Copy)

Hospitals/ Clinics/ Laboratory

Trade / HAAD License :

Lic No. _____

Expiry date: _____

Authorized to participate in health insurance scheme: __ Yes or __ No