

NATIONAL MEDICAL TEAM APPLICANT'S ATTESTATION

SECTION I: APPLICANT DECLARATION

I _____ of _____ do certify that all the information provided here is true and accurate to the best of my knowledge, that any false information provided by me shall result in the disqualification, or may lead to investigation, arrest, prosecution and application of sanction in line with NAHCON regulations.

Sign: _____ Date: _____