Appendix to Article 5

Disability Eligibility Certificate for Foreign Professionals and their Dependents

Applicant's personal information Date of issue: _____ / ___ / ___ (yyyy/mm/dd)

Alien Permanent Resident Certificate No.		Affix photo here
Name		
Date of birth	_____/_____/_____ (yyyy/mm/dd)	
Address of residence		
Date of expiry		
Date of assessment		
Date of re-assessment		
Level of disability		
Disability category	[Detailed disability category, level, and expiry date] [ICF code] [Detailed disability category, level, and expiry date] [ICF code] [Detailed disability category, level, and expiry date] [ICF code]	
ICD code		

Note: The holder of this **Eligibility Certificate** is entitled to services set forth under Articles 50 and 51 of the *People with Disabilities Rights Protection Act* based on their needs assessment results only.

Issuing unit: Name of unit (with official seal)