

| Delegation contact form with the CDWS | | | | | | | | | | | | |
|---|----------------------|---|-------------|-------------------------------|---------------------------|--------------|---------------------------|-------|-----------------------------|-----------|-------------------|--|
| I | | | | | | | | | | | | |
| Acknowledge that I am legal representative of t | | Centers | | Water Safari Sports Boats | | ï | Underwater Photography | | | Filling | Test | |
| | | | | | | 6 | | | / | Stations | Station | |
| | | | | | | | | | | | | |
| Name of Center/ | | | | | Located at: | | | | | | | |
| Safari Boat: | | | | | | | | | | | | |
| In the city | | | | | Nember of the CDWS with a | | | - | | | | |
| of: | | Tourism and Antiquities license number: | | | | | | | | | | |
| | Please choose | | Chairman | The acting | | The member | | | | | The | |
| | below your attribute | | e board of | partner | | of the board | | | The | | owner of | |
| | in accordance with | | tors or the | assigned by the management in | | the | of directors of | | stakeholder s in limited | | the individual | |
| the basic common regulation board of | | managing director of the | | the | | stockholders | | | liability | | company | |
| the tourist chambers | | finance | | partnership's | | in stock | | | companies | | | |
| no. 630 of 2017 and | | companies. | | companies. | | companies. | | s. | | | | |
| its amendments: | | | | | | | | | | | | |
| I acknowledge, hereby, that I am the legal representative of my facility at the Chamber of Diving and | | | | | | | | | | | | |
| Water Sports and that I delegate the following: | | | | | | | | | | | | |
| Name | | | | ID/ Passport No | | | | Phone | | | | |
| 1 | | | | | | | | | | | | |
| E-Mail: | <u> </u> | | | | | | | @ | | | | |
| 2 | | | | | | | | | | | | |
| E-Mail: | <u> </u> | | | | | | | | | | | |
| 3- | | | | | | | | | | | | |
| E-Mail: | <u>]</u> | | | l | | | (| D | | | | |
| In representing the facility/ establishment in front of the CDWS and to be responsible for the following: | | | | | | | | | | | | |
| • Applying for all the administrative services of the facility and to deliver and receive; papers, documents, | | | | | | | | | | ocuments, | | |
| certifications | | | | - | | | | | | | | |
| • Receiving the username and password of the profile of the facility at the CDWS online portal, that will | | | | | | | | | | | | |

be used to apply for all services provided online by the chamber.

I also acknowledge and take legal responsibility for the following:

Delegation contact form with the CDWS Version 1 Date: March 2020

- The compliance of the requests and documents submitted by the legal representative or the delegates of the facility with the requirements and procedures of the CDWS, and that the Chamber has the right to refrain from providing me with any services in case the data, requests or documents are not complete.
- That the requests, data, and documents submitted from my behalf are accurate, valid and confirms with reality. The CDWS has the right to take any legal action against both, the legal representative and the applicant in case of submitting forged or tampered documents and to stop dealing with them without any prior notice.
- The technical manager –assigned by the facility and approved by the CDWS is automatically authorized to apply for all the administrative services of the facility and to deliver and receive; papers, documents, certifications, letters, CDWS ID cards, and any other relevant documents and he/she is responsible for validating the data provided by the employees and pros working in the facility, and that he/she has reviewed all the data and to ensure it is legitimate before submitting any requests to the CDWS to issue cards for those working in the facility.
- The facility is not entitled to send any unauthorized employee or staff member to contact the CDWS in any way, whether to submit requests, documents inquires or to deliver or receive any cards, documents or other.
- The employees of the facility, whether pros or others, are not entitled to communicate with the CDWS or to apply for any services whether applying for tests, renewal or issue CDWS ID cards or for training requests by the chamber. This could be only applied to by the representative of the facility or the appointed delegates, and that the CDWS will only deal with the members licensed by the Ministry of Tourism and Antiquities .
- I acknowledge that the below provided contact information of the legal representative and the facility are correct and active and that the CDWS will use it for any required communication whether by calling, via Whatsapp messages, e-mails or any other method. I agree that the CDWS can send me communication via Whatsapp and e-mail, to acknowledge receiving it, to be aware of and bound by its content. I also bear full legal implications and responsibility for my ignorance of the content of the messages and that I disclaim the responsibility of the CDWS from any claims of non-delivery of the information.

• I acknowledge that all the data in this form is correct and valid,

Declared by:

| Owner/ Legal representative | | ID/ Passport No | | | | | | | | |
|--|--|---------------------------------|------|--|--|--|--|--|--|--|
| E-Mail: | | | | | | | | | | |
| Phone number (that WhatsApp application | | | Date | | | | | | | |
| Signature | | Facility/ establishment star | mp | | | | | | | |

www.cdws.travel