			MEDICAL FACILIT	Y NAME :					
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TYPE OF FACILITY	EMIRATE	AREA/PLOT NO.	BUILDING NAME	FLOOR NO.	OWNER'S NAME	E-MAIL ID	CONTAC	CT NUMBER	LICENSE nb.
TYPE OF FACILITY  REQUEST TYPE		AREA/PLOT NO.	BUILDING NAME		OWNER'S NAME  RENEWAL	E-MAIL ID RENEWAL	CONTA	CT NUMBER RENEWAL	
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STATUS  ENGINEERS  HANI ATASSI	RE		RENEW	/AL SIGNATURE	RENEWAL	RENEWAL	SIGNATURE		
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