

بيان الشركاء أو الموردين بإقرار سياسات المؤسسة الطبية الميدانية

**PARTNERS/SUPPLIERS STATEMENT OF ACKNOWLEDGEMENT OF FMF POLICIES**

I ----- hereby state that I aware of the policies listed below; I certify that I

have read and understood the regulations stated in them.

1. Safeguarding and PSEA Policy
2. FMF Anti-Fraud Policy
3. FMF Code of Conduct

Provider Name:

Representative Name:

Date:

Signature: