

**User Registration Form in the Council portal**

**Facility Data:**

Facility Name	
Register No. in Council	
Commercial Register No.	

**User Information:**

Name of the Authorized Person	
ID/ Residence No.	
Job Title	
Nationality	
Mobile No.	
E-mail	

I, the user whose data is mentioned above, hereby, certify that I am fully liable for complying with the Cooperative Health Insurance rules, its implementing regulations and decisions and instructions of the Council, including using the Council of cooperative Health Insurance portal. In addition, that I have read all terms of use set out below, and I agree to abide by what is contained therein.

**Terms of Use:**

- 1- I undertake not to disclose or make available the user's username and password to the others and I shall be responsible for breaching that.
- 2- Not to use the Council portal in any way to send any commercial e-mail or spam, or advertise any product or service that would put the site in violation of any law or regulation applicable in any field.
- 3- Not to upload files containing viruses or corrupted data on the portal.
- 4- Not to publish, advertise, distribute or circulate materials or information containing defamation, or in violation of laws, or materials that are indecent or in contrary to public morals or any illegal materials or information through the Council portal.
- 5- Not to participate through the Council portal in illegal activities.
- 6- The admin of the Council of Cooperative Health Insurance portal shall have the right to suspend or delete any username that violates these terms and does not comply with them in procedures of his\ her dealings within the portal.
- 7- In case of changing the authorized person (the user), the Council shall be notified directly in writing.

Name of the Authorized Person		Signature		Date	
Name of General Manager		Signature		Date	

The authentication of the Chamber of Commerce