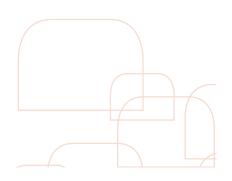




## Primary Source Verification Dubai Corporation for Ambulance Services (DCAS)

## How to Apply 'A Step By Step Guide for Completing Your Application'





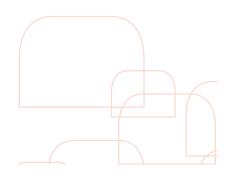


# If you are a new applicant, follow the instructions from step one. If you are an existing applicant, skip to step five.

#### Step One

- Visit <u>www.dfgateway.com</u>
- Enter the CAPTCHA
- Sign into your account

| DataFlow Gateway  |  | Contact Us |
|-------------------|--|------------|
|                   | SIGN IN Usemame (Enter your Registered Personal Email ID)                    |            |
|                   | Password  Remember Me  Forgot Password?  Kefresh                             |            |
|                   | Enter the fext shown in image SUBMIT SIGN UP                                 |            |
| Follow Us: 🎔 🔗 in | Copyright © 2015 - 2017 All Rights Reserved. Terms of Use   Privacy & Policy |            |

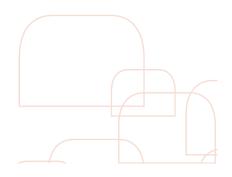




#### Step Two

- On the 'Applicant Registration Form' enter all required details to register and select 'Dubai Corporation for Ambulance Services' from the 'Select Licensing Authority' dropdown menu
- Once done, agree to the Terms and Conditions then press the 'Submit' button

| DataFlow Gateway  | Contact U   |
|---|---|
| Applicant registration Form          Name         Name         Personal Email ID *         Email ID (This will be your username)         Password *         Password         Confirm Password * | Mobile Number * Country Mobile Number Select Licensing Authority * Security Question * Select Security Question * Security Answer * |
|   | to the Terms & Conditions   |
| Follow Us: 🕑 🛞 in   | Rights Reserved. Terms of Use   Privacy & Policy  |



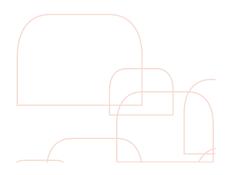


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#### Step Three

• You will receive an automated email containing an activation link. Once you have activated your account, enter your registered email ID and password on the 'Sign In' page, enter the CAPTCHA, then click 'Submit'

| DataRow Gateway |   | Contact          | t Us |
|-----------------|---|------------------|------|
| Ye              | our account has been verified. Please login with your valid Ema |                  |      |
| B               | SIGN IN   | Eorgol Passwordt |      |



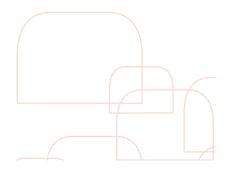




#### Step Four

 If you forgot your password, click 'Forgot Password', enter the requested details and click 'Submit'. You will receive an email at your registered email ID with a link to change your password

| DataFlow Gateway               | Conta   |
|--------------------------------|---|
| - Forgot Password              |   |
| Registered Personal Email ID * | Registered Personal Email ID                                  |
| Registered Mobile Number *     | Country V Registered Mobile Number                            |
| Security Question              | Select Security Question                                      |
| Security Answer                | Security Answer   |
|                                | BACK SUBMIT   |
|                                |   |
| Follow Us: 🎔 🚷 ท               |   |
| Copyright © 2015               | 5 - 2016 All Rights Reserved. Tarms of Use   Privacy & Policy |



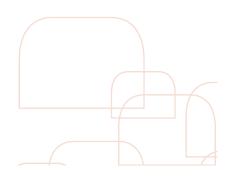




#### Step Five

- If you are an existing applicant, enter your registered email ID and password on the 'Sign In' page
- Enter the CAPTCHA
- Click 'Submit'

| DataFlow Gateway |  |   | Contact Us |
|------------------|--|---|------------|
|                  | Your account has been verified. Please k | ogin with your valid Email ID and Password. |            |
|                  |  |   |            |
|                  | SIGN IN<br>                              |   |            |
| $\mathbf{k}$     | Remember Me                              | Forgot Password?                            |            |
|                  | Refresh<br>Enter the text shown in image |   |            |



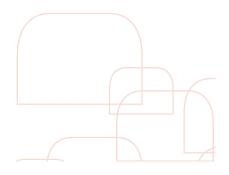




#### Step Six

- After logging in, you will be directed to the dashboard page
- To initiate a new application, click on the 'Detailed Case Entry' button

| - Detailed Case<br>Entry | Select Case  |
|--------------------------|--|
| Check Your Status        | Application Status   |
| Follow Us: 🎔 🚱 in        | Copyright © 2015 - 2017 All Rights Reserved. Terms of Use   Privacy & Policy |



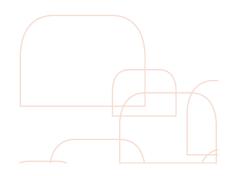


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#### Step Seven

- On the 'Licensing Authority Details' page select 'Dubai Corporation for Ambulance Services' from the dropdown menu
- Select your relevant package

|   | Licensing Details                        | ()<br>Personal Details | (3)<br>Verification Details | upicoos |  |
|---|--|------------------------|-----------------------------|---------|--|
| Licensing Authority Details<br>Select Licensing Authority<br>Category | Dubai Corporation For Ambulance Services |                        | V                           |         |  |
| Select  | Select                                   | V                      |                             |         |  |
|   |  |                        | BACK                        |         |  |





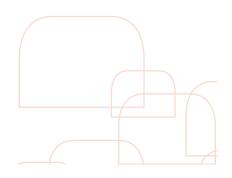


#### Step Eight

• Once you have selected your package, click 'Confirm' to proceed or click 'Change' to reselect

\*Note: As per DCAS requirements, employment verification of covering last 3 years with a maximum of 3 certificates is mandatory. Verifying an additional certificate(s) will result in an additional charge(s).

| Licensing Details Personal Details  | (3)<br>Verification Details Uploads   |
|---|---|
| Licensing Authority Details   | Message to Proceed  |
| Select Licensing Authority       Dubai Corporation For Ambulance Services         Category       Count of Employment         DCAS New Recruitment       1         Package Details | Based on your input you have selected the following : Licensing Authority Name: Dubai Corporation For Ambulance Services Category 1: DCAS New Recruitment Category 2: 1 Package: General Package Amount: AED 480 Click "Confirm" to proceed to the next page. |
| Select P<br>Cener   | TO NOTE: Incorrect information may lead to delays and additional costs.<br>However, you can still amend the application by clicking on "Change" at<br>any time.<br>CONFIRM CHANGE<br>BACK   |





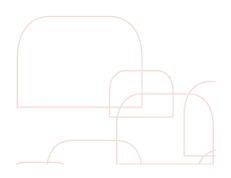
#### Step Nine

- Carefully review the applicable checks
- Once done, click 'Ok'

\*Note: To add checks, press the + icon. Additional charges are applicable.

\*\*Note: Click 'Back' to return to the previous page, click 'Save' to not lose entered data or click 'Next' to proceed.

| Licensing Authority Details | 3                                   |   |   |  |
|-----------------------------|-------------------------------------|---|---|--|
| Select Licensing Authority  | Dubai Corporation For Ambulance Ser | vices   | V   |  |
| Category                    | Count of Employment                 |   |   |  |
| DCAS New Recruitment        | ▶ 1                                 | $\checkmark$  |   |  |
| - Package Details 🔬         |                                     |   |   |  |
|                             | Type of Check<br>Health License     | Select Package<br>General<br>No. of Checks<br>1 +<br>Will be charged extra<br>No. of Checks<br>1 +<br>Will be charged extra | V V<br>Type of Check No. of Checks<br>Employment 1 • • •<br>Additional checks will be charged extra<br>Type of Check No. of Checks<br>Database 1 • • • •<br>Additional checks will be charged extra | Package Cost : 480<br>Additional Cost : 0<br>Surcharge : 0<br>Total Cost : 480<br>* Credit card payments will incur<br>an additional 0% charge<br>* VAT Amount will incur an<br>additional 5% charge<br>* All amounts are in AED |
|                             |                                     | ВАСК  | SAVE  |  |





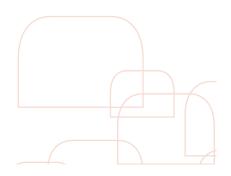


#### Step Ten

- On the 'Personal Details' page, enter and save the requested information
- Upload clear uncut copies of your passport or national ID
- Click 'Next'

\*Note: Click 'Back' to go back to the previous page, click 'Save' to not lose entered data or click 'Next' to proceed.

|                          | Licensing Details  | 2<br>Personal Details      | 3<br>Verification Details  |                       | 4<br>Uploads |
|--------------------------|--------------------|----------------------------|--|-----------------------|--------------|
| — Personal Details —     |                    | Please enter all details i | in ENGLISH language only.  |                       |              |
| — Personal Details —     | Karan              | Middle Name 🌏 🛛 Bir        |  | Last/Family 🔹<br>Name | Singh        |
| Identity Type * 👔        | Select 🗸           | ID Number • 💩 758          | 87878  | Date of Birth *       | 3 08/01/1989 |
| Personal 🔸 👔<br>Email ID | karan4@yopmail.com |                            |  |                       |              |
| — Mandatory Docume       | ants               |                            |  |                       |              |
|                          | It is mandator     | 1. Clear scan of your Pas  | nents for timely processing of yo<br>Issport (First and Last Page)<br>onal Identification Card | our application:      |              |
|                          |                    | UP                         | LOAD   |                       |              |
|                          |                    |                            |  |                       |              |





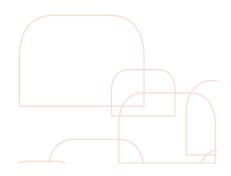


#### Step Eleven

• To upload additional documents (if required) - click 'Add More'

\*Note: Click 'Back' to go back to the previous page, click 'Save' to not lose entered data or click 'Next' to proceed.

| DataFlow Gate<br>Welcome Karan  | əway              |  |   | Home   C                                 | Change Password   Con                         | itact Us   Log Out |
|---|-------------------|--|---|--|---|--------------------|
|   |                   | Data saved   | d successfully  |  |   |                    |
|   | Licensing Details | 2<br>Personal Details  | 3<br>Verification Details   |  | 4<br>Uploads                                  |                    |
| Personal Details<br>First Name<br>Identity Type<br>Personal<br>Email ID<br>Mandatory Docc | Karan             | Please enter all details i<br>File Upload<br>To Note:<br>• All uploaded documents must<br>information, not exceeding 10 Mi<br>• The following formats are acc<br>PDF or DOC.<br>• DataFlow is not responsible fi<br>submission of incomplete docum<br>Choose File<br>ADD MORE UPLOAD | <ol> <li>eptable: JPG, JPEG, PNG,<br/>or any delays caused by the<br/>ents / information</li> </ol> | Last/Family •<br>Name<br>Date of Birth • | <ul> <li>Singh</li> <li>08/01/1989</li> </ul> |                    |
|   | It is mandator    | 1. Clear scan of your Pa<br>2. Clear scan of Natio<br>up   | ents for fimely processing of you<br>ssport (First and Last Page)<br>and Identification Card        | ur application:                          |   |                    |



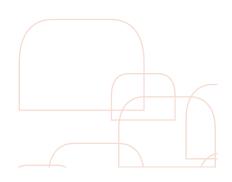




#### Step Twelve

- Once uploaded, determine the document type in the list according to the document uploaded
- \* Note: Repeat this process to upload any additional documents.

|   |                   | File uploade   | ed successfully  |                        |  |
|---|-------------------|--|--|------------------------|--|
|   | Licensing Details | 2<br>Personal Details  | 3<br>Verification Details  | 4<br>Uploads           |  |
| - Personal Details                            |                   | Please enter all details i   | n ENGLISH language only.   |                        |  |
| First Name 🔹 💩                                | Karan             | Middle Name  | Last/Far<br>Name   | mily • @ Singh         |  |
| Identity Type * 🧶<br>Personal • 🧶<br>Email ID | Iqamah Number     | Name Ch<br>Passport  | t Photo Date of<br>me Sense Authorization (LOA)<br>ange Certificate Copy | 1 Birth • 🔹 08/01/1989 |  |
| - Mandatory Docume                            |                   | ry to upload the bei<br>1. Clear scan<br>2. Clear scan<br>2. Clear scan<br>BLS and/o<br>Select | acility Declaration form<br>size photograph<br>1 School Certificate      |                        |  |



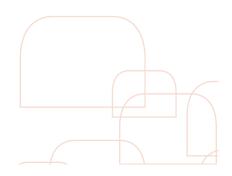


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#### Step Thirteen

• On the 'Education' page, enter the required details, upload and select the document type from the dropdown menu - then click 'Next'

|                                       | 1<br>Education                  | 2<br>Employmen | 3<br>nt Health License                             | 4<br>Database             |
|---------------------------------------|---------------------------------|----------------|--|---------------------------|
| - Education                           | P                               | lease enter a  | all details in ENGLISH language only.              |                           |
| Issuing Authority                     | Issuing Authority Name          |                | Issuing Authority<br>Address                       | Issuing Authority Address |
| Issuing Authority City                | Issuing Authority City          |                | Issuing Authority<br>State                         | Issuing Authority State   |
| Issuing Authority                     | Select                          | ~              | Issuing Authority<br>Phone Type<br>(Cell/Landline) | Select V                  |
| Issuing Authority<br>Telephone Number | Issuing Authority Telephone Num | ber            | Issuing Authority<br>Email                         | Issuing Authority Email   |
| Issuing Authority<br>Website          | Issuing Authority Website       |                | Qualification •<br>Attained                        | Qualification Attained    |
| Applicants Name as •<br>per Document  | Applicants Name as per Docume   | ent            | College/Institution<br>Name                        | College/Institution Name  |
| Qualification Type                    | Select                          | ~              | Have You<br>Completed this                         | Select 🗸                  |





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#### Step Fourteen

• On the 'Employment' page, enter the required details, upload and select the document type from the dropdown menu - then click 'Next'

\* Note: As per DCAS requirements, employment verification of covering last 3 years with a maximum of 3 certificates is mandatory. Verifying an additional certificate(s) will result in an additional charge(s).

|                                       | Education Emplo                    | 2 (3)<br>yment Health License                      | 4<br>Database             |
|---------------------------------------|------------------------------------|--|---------------------------|
| - Employment                          | Please en                          | ter all details in ENGLISH language only.          |                           |
| Issuing Authority •<br>Name           | Issuing Authority Name             | Issuing Authority<br>Address                       | Issuing Authority Address |
| Issuing Authority City                | Issuing Authority City             | Issuing Authority<br>State                         | Issuing Authority State   |
| Issuing Authority   Country           | Select                             | Issuing Authority<br>Phone Type<br>(Cell/Landline) | Select V                  |
| Issuing Authority<br>Telephone Number | Issuing Authority Telephone Number | Issuing Authority<br>Email                         | Issuing Authority Email   |
| Issuing Authority<br>Website          | Issuing Authority Website          | Last<br>Profile/Designation                        | Last Profile/Designation  |
| Applicants Name as *<br>per Document  | Applicants Name as per Document    | Employee Code                                      | Employee Code             |

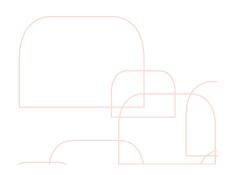


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#### Step Fifteen

• On the 'Health License' page, enter the required details, upload and select the document type from the dropdown menu - then click 'Next'

|                                       | Education Employn                  | 8<br>nent Health License                           | 4<br>Database             |
|---------------------------------------|------------------------------------|--|---------------------------|
| — Health License ————                 | Please ente                        | r all details in ENGLISH language only.            |                           |
| Issuing Authority •<br>Name           | Issuing Authority Name             | Issuing Authority<br>Address                       | Issuing Authority Address |
| Issuing Authority City                | Issuing Authority City             | Issuing Authority<br>State                         | Issuing Authority State   |
| Issuing Authority *<br>Country        | Select V                           | Issuing Authority<br>Phone Type<br>(Cell/Landline) | Select 🗸                  |
| Issuing Authority<br>Telephone Number | Issuing Authority Telephone Number | Issuing Authority<br>Email                         | Issuing Authority Email   |
| Issuing Authority<br>Website          | Issuing Authority Website          | Licence Attained                                   | Licence Attained          |
| Applicant's Name as *<br>per Document | Applicant's Name as per Document   | Licence Type •                                     | Select 🗸                  |







#### Step Sixteen

• On the 'Database' page, enter the required details, upload and select the document type from the dropdown menu - then click 'Next'

|                         | Education            | 2<br>Employment           | 3<br>Health License         | <b>d</b><br>Database |
|-------------------------|----------------------|---------------------------|-----------------------------|----------------------|
| - Database              |                      | Please enter all detail   | s in ENGLISH language only. |                      |
| Name as per<br>Passport | Name as per Passport |                           | Fathers Name                | Fathers Name         |
| Passport Number         | Passport Number      |                           |                             |                      |
| Mandatory Documents ——  | Pleas                | e upload clear,legible do | cuments to support your app | lication             |
|                         |                      |                           | IFLOAD                      |                      |



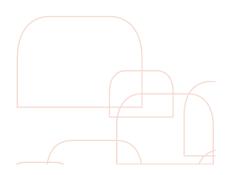


#### Step Seventeen

• On the 'Letter of Authorization' page - download, sign, scan and upload the letter

\*Note: This is a mandatory step.







#### Step Eighteen

- Review your application carefully and edit your entered details if needed
- Once done, click on the 'Submit Application' button

\*Note: You may download your application form for your reference by clicking on the 'Download' button.

|                     |                 | Please review all    | the details entered for your applic | ation                           |                           |
|---------------------|-----------------|----------------------|-------------------------------------|---------------------------------|---------------------------|
| - Personal Details  |                 |                      |                                     |                                 | 🧨 edit                    |
| First Name          | 550             | Middle Name          | Middle Name                         | Last/Family<br>Name             | Last/Family Name          |
| Marital Status      | Single          | Gender               | Gender                              | Passport<br>Number<br>(Current) | Passport Number (Current) |
| Date of Birth       | 2/04/1992       | Place of Birth       | ewade                               | Country of<br>Birth             | Australia                 |
| Mailing<br>Address  | Mailing Address | Country              | Kazakhstan                          | Nationality                     | Australian                |
| Telephone<br>Number | 231312312312    | Personal Email<br>ID | tbansal@dataflowgroup.com           | ]                               |                           |

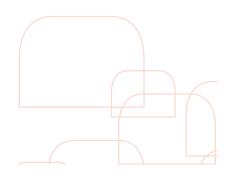


#### Step Nineteen

• On the 'Payment' page, select your payment method as credit card and proceed to the bank page to settle your payment

\*Note: You may not edit your application once the payment has been completed.

| Once you click the<br>you make the payr<br>Payment — |     | ton you will be redirected  | to Payment Gateway. <b>TO N</b> | IOTE: Changes cannot | be made to the application | once |
|--|-----|-----------------------------|---------------------------------|----------------------|----------------------------|------|
| Package<br>Amount                                    | 480 | Surcharge                   | 0                               | Vat<br>Amount        | 24                         |      |
| Total<br>Amount                                      | 504 | Select<br>Payment<br>Method | Select V                        |                      |                            |      |
| * Amount in AEL<br>* VAT Percentaç                   |     |                             |                                 |                      |                            |      |
|  |     | ВАСК                        | SUBMIT APPLICA                  | ATION                |                            |      |



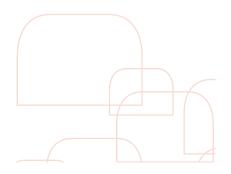




### Step Twenty

• Choose either Visa or MasterCard

| <b>NETWORK</b><br>نتورك انترئاشيونال<br>Network international | The Region's most comprehensive<br>card solutions provider | <b>NETUJORK</b><br>نتورك انترناشيونال<br>NETWORK INTERNATIONAL |
|---|--|--|
| Merchant name:  |  | DATA FLOW F2   |
|   | Select your preferred payment method                       |  |
| Pay securely using SSL+ by clic                               | ting on the card logo below                                |  |
| Tay securely using 552 + by ene                               | ang on the card rogo octow.                                |  |
|   | VISA MasterCard  |  |
|   | <u>Canal</u>   |  |
|   | © 2005-2018 MasterCard                                     |  |
|   |  |  |



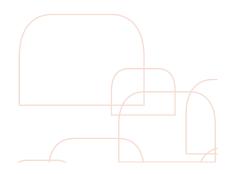




#### Step Twenty-One

- Enter your credit card information
- Click the 'Pay' button

| Merchant name: |                            | DATA FL   | OW FZ LLC |
|----------------|----------------------------|---|-----------|
| Enter          | r your card de             | etails  |           |
|                |                            | You have chosen MasterCard as your method of payment. Please enter your card details into the form below and click "pay" to complete your purchase. |           |
| <u>a</u>       | MasterCard:                | Tou have chosen master caru as your method of payment. Please enter your card details into the form below and thick pay to complete your purchase.  |           |
|                | Card Number :::            |   |           |
|                | Expiry Date :::            | / month/year  |           |
|                | Security Code :::          | The 3 digits after the card number on the signature panel of your card.   |           |
|                |                            | 2000 0000 0000 0000<br>500 0000 0000 0000<br>162 00 0000 0000<br>162 00 0000<br>162 00 0000   |           |
| Pur            | rchase Amount 🖩            | AED 74.00   |           |
|                |                            | Cancel  |           |
|                | MasterCard.<br>SecureCode. |   |           |
|                |                            | I hereby authorise the debit to my MasterCard Account in favour of DATA FLOW FZ LLC   |           |
|                |                            | · ·   |           |
|                |                            | © 2005-2018 MasterCard  |           |



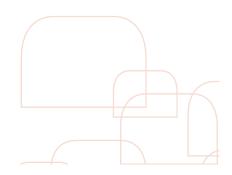




#### Step Twenty-Two

- Once the payment has been finalized, the system will automatically populate a printable payment receipt
- Print or save the receipt for your records, then click 'Next'

| DATAFLOW  |   |                   |
|---|---|-------------------|
|   | OW GATEWAY PAYMENT RECEIPT                                    |                   |
| DCAS Reference Number   |   |                   |
| Category [Private/DCAS Employee]                                    |   |                   |
| Receipt Number  |   |                   |
| Receipt Date  |   |                   |
| Applicant Name  |   |                   |
| Amount  |   |                   |
| Passport Number   |   |                   |
| Received :  |   |                   |
| For Dataflow  |   |                   |
| For Applicant   |   |                   |
| Please login to DataFlow Gateway <u>www.dataflov</u>                | vgroup.com to follow up on your application status            |                   |
| Disclaimer:   |   |                   |
| All refund claims are subject to DataFlow appr<br>Verification Fees | roval, and must be submitted within 48 hours from the payment | of Primary Source |

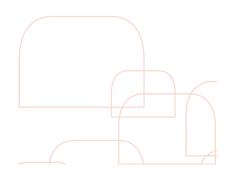




#### Step Twenty-Three

• Once done, you will be notified that your case has been forwarded to the DataFlow Group for initiation of the Primary Source Verification process

| Your application | has been successfully submitted |                  | thority: Ministry of Higher Education Sultanate of |
|------------------|---------------------------------|------------------|--|
|                  |                                 |                  |  |
|                  | Kindly not                      | e the applicatio | n details  |
|                  | Date                            | -                | 1/9/2018 12:27:24 PM                               |
|                  | Case ID                         | :                |  |
|                  | Name of Applicant               | :                |  |
|                  | Category Applied For            | :                | NA   |







#### Important Notes

To track the status of your application, click on the 'Check Your Status' button to review your entered details.

| lome                |   | lease select "P                 | ayment Pendin  | g" under status to            | ation for the case w<br>initiate payment pr |    |                           | e directed to t   |                     |                             |
|---------------------|---|---------------------------------|----------------|-------------------------------|---|----|---------------------------|-------------------|---------------------|-----------------------------|
| Case Details        | ſ | <ul> <li>Application</li> </ul> | Submitted List |                               |   |    |                           | Display           | 10 V Res            | lits per pog                |
| Detailed Case Entry |   | Action                          |                | Client<br>Reference<br>Number |   |    | Payment<br>Status         | Package<br>Amount | Case Submit<br>Date | Expected<br>Closure<br>Date |
|                     | * | •                               |                |                               |   | NA | Received<br>(des.tecalar) |                   | 09/01/2018          | NA                          |
|                     |   | 0                               |                |                               |   | NA | Pending                   |                   | NA                  | NA                          |
|                     |   | 0                               |                |                               |   | 2  | Received                  |                   | 26/12/2017          | NA                          |

In case of any missing information or documents, a grid will display the needed requirements. Once you submit the missing details, the status of your application will be updated automatically.

