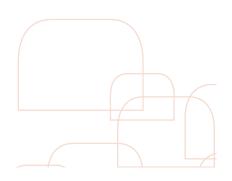




Primary Source Verification Dubai Corporation for Ambulance Services (DCAS)

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





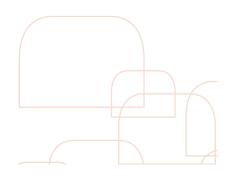


If you are a new applicant, follow the instructions from step one. If you are an existing applicant, skip to step five.

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	

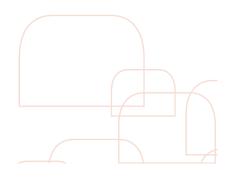




Step Two

- 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



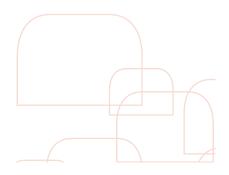


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Step Three

• 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	



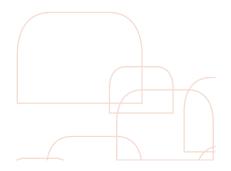




Step Four

 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



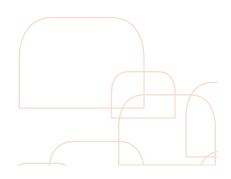




Step Five

- 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 		
\mathbf{k}	Remember Me	Forgot Password?	
	Refresh Enter the text shown in image		



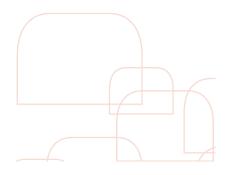




Step Six

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



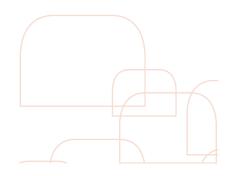


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Step Seven

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

	Licensing Details	() Personal Details	(3) Verification Details	upicoos	
Licensing Authority Details Select Licensing Authority Category	Dubai Corporation For Ambulance Services		V		
Select	Select	V			
			BACK		





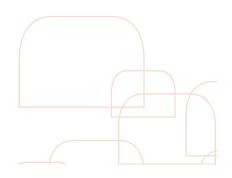


Step Eight

• 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) 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 Cener	TO NOTE: Incorrect information may lead to delays and additional costs. However, you can still amend the application by clicking on "Change" at any time. CONFIRM CHANGE BACK





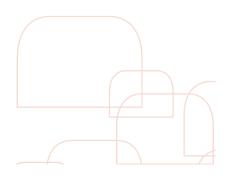
Step Nine

- 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 Health License	Select Package General No. of Checks 1 + Will be charged extra No. of Checks 1 + Will be charged extra	V V Type of Check No. of Checks Employment 1 • • • Additional checks will be charged extra Type of Check No. of Checks Database 1 • • • • Additional checks will be charged extra	Package Cost : 480 Additional Cost : 0 Surcharge : 0 Total Cost : 480 * Credit card payments will incur an additional 0% charge * VAT Amount will incur an additional 5% charge * All amounts are in AED
		ВАСК	SAVE	





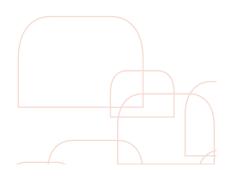


Step Ten

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





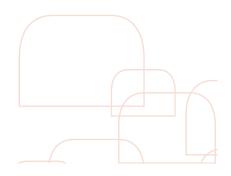


Step Eleven

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



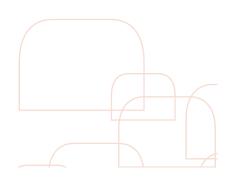




Step Twelve

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



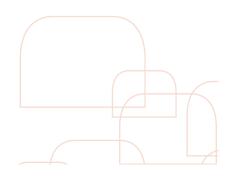


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Step Thirteen

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

	1 Education	2 Employmen	3 nt Health License	4 Database
- Education	P	lease enter a	all details in ENGLISH language only.	
Issuing Authority	Issuing Authority Name		Issuing Authority Address	Issuing Authority Address
Issuing Authority City	Issuing Authority City		Issuing Authority State	Issuing Authority State
Issuing Authority	Select	~	Issuing Authority Phone Type (Cell/Landline)	Select V
Issuing Authority Telephone Number	Issuing Authority Telephone Num	ber	Issuing Authority Email	Issuing Authority Email
Issuing Authority Website	Issuing Authority Website		Qualification • Attained	Qualification Attained
Applicants Name as • per Document	Applicants Name as per Docume	ent	College/Institution Name	College/Institution Name
Qualification Type	Select	~	Have You 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) yment Health License	4 Database
- Employment	Please en	ter all details in ENGLISH language only.	
Issuing Authority • Name	Issuing Authority Name	Issuing Authority Address	Issuing Authority Address
Issuing Authority City	Issuing Authority City	Issuing Authority State	Issuing Authority State
Issuing Authority Country	Select	Issuing Authority Phone Type (Cell/Landline)	Select V
Issuing Authority Telephone Number	Issuing Authority Telephone Number	Issuing Authority Email	Issuing Authority Email
Issuing Authority Website	Issuing Authority Website	Last Profile/Designation	Last Profile/Designation
Applicants Name as * per Document	Applicants Name as per Document	Employee Code	Employee Code

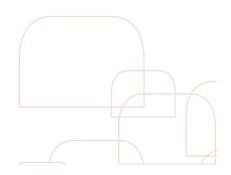


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Step Fifteen

• 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 nent Health License	4 Database
— Health License ————	Please ente	r all details in ENGLISH language only.	
Issuing Authority • Name	Issuing Authority Name	Issuing Authority Address	Issuing Authority Address
Issuing Authority City	Issuing Authority City	Issuing Authority State	Issuing Authority State
Issuing Authority * Country	Select V	Issuing Authority Phone Type (Cell/Landline)	Select 🗸
Issuing Authority Telephone Number	Issuing Authority Telephone Number	Issuing Authority Email	Issuing Authority Email
Issuing Authority Website	Issuing Authority Website	Licence Attained	Licence Attained
Applicant's Name as * 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 Employment	3 Health License	d Database
- Database		Please enter all detail	s in ENGLISH language only.	
Name as per 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	



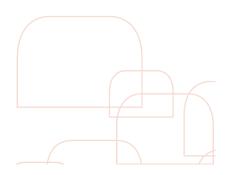


Step Seventeen

• 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 Name	Last/Family Name
Marital Status	Single	Gender	Gender	Passport Number (Current)	Passport Number (Current)
Date of Birth	2/04/1992	Place of Birth	ewade	Country of Birth	Australia
Mailing Address	Mailing Address	Country	Kazakhstan	Nationality	Australian
Telephone Number	231312312312	Personal Email ID	tbansal@dataflowgroup.com]	

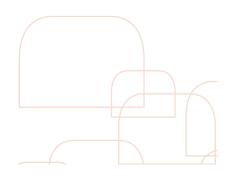


Step Nineteen

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



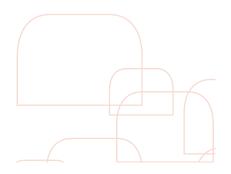




Step Twenty

• Choose either Visa or MasterCard

NETWORK نتورك انترئاشيونال Network international	The Region's most comprehensive card solutions provider	NETUJORK نتورك انترناشيونال 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	



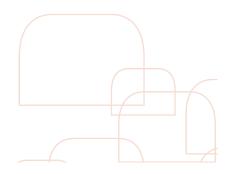




Step Twenty-One

- 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 500 0000 0000 0000 162 00 0000 0000 162 00 0000 162 00 0000	
Pur	rchase Amount 🖩	AED 74.00	
		Cancel	
	MasterCard. SecureCode.		
		I hereby authorise the debit to my MasterCard Account in favour of DATA FLOW FZ LLC	
		· ·	
		© 2005-2018 MasterCard	



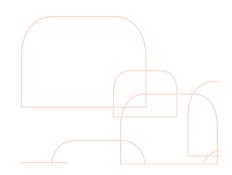




Step Twenty-Two

- 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 Verification Fees	roval, and must be submitted within 48 hours from the payment	of Primary Source

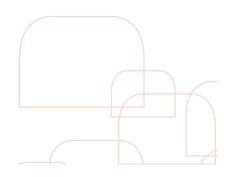




Step Twenty-Three

• 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 initiate payment pr			e directed to t		
Case Details	ſ	 Application 	Submitted List					Display	10 V Res	lits per pog
Detailed Case Entry		Action		Client Reference Number			Payment Status	Package Amount	Case Submit Date	Expected Closure Date
	*	•				NA	Received (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.

