

State of Palestine
Palestinian Mission to the
United Kingdom



دولة فلسطين
بعثة فلسطين لدى
المملكة المتحدة



Emergency Assistance Form "COVID-19"

Personal Information:

| | | | |
|-------------------------------|--|----------------|--|
| Full Name | | | |
| Date of birth | | Place of Birth | |
| Original Country of Residence | | Marital Status | |
| Type of UK Visa permit | | Occupation | |

Contact Details:

| | | | |
|---------------|--|---------------|--|
| Mobile Number | | Email Address | |
|---------------|--|---------------|--|

Address in UK:

| | | | | | |
|----------------------|--|------|--|-----------|--|
| Street Address | | | | | |
| House or Flat Number | | City | | Post Code | |

| | |
|-------------------|--|
| Assistance needed | |
|-------------------|--|

Form to be sent to the following email address: support@palmissionuk.org

Signature

Date