



KINGDOM OF BAHRAIN  
Ministry of Health

### **“Healthy Mall Project” Participation Form**

Date: -----

Name of the Mall: -----

Name of the Managing Director: -----

Contact number of the Managing Director: -----

Name of the in-charge of the project from the mall: -----

Contact number of the in-charge: -----

Email of the in-charge: -----

Participation type:

Silver Level

Gold Level

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Managing Director of the mall

By signing this form, I hereby acknowledge that I understand the project and its requirements and will cooperate with the Ministry of Health to implement the project in the mall within one year from signing this participation form.