

# LAW NO. 11 OF 2013 CONCERNING HEALTH INSURANCE IN THE EMIRATE OF DUBAI

We, Mohammed Bin Rashid Al Maktoum, Ruler of Dubai, After reviewing Federal Law No. 6 of 2007 concerning the Establishment of the Insurance Authority and the Regulation of the Works thereof, as amended;

Law No. 3 of 2003 concerning the Establishment of the Executive Council of the Emirate Dubai;

Law No. 9 of 2004 concerning Dubai International Financial Centre, as amended;

Law No. 13 of 2007 on the Establishment of the Health Authority in Dubai;

Decree No. 22 of 2009 concerning the Private Development Zones in the Emirate of Dubai;

Decree No. 9 of 2012 on the Adoption of the Mechanism of Pricing the Services of the Health Authority in Dubai; and

The legislations organising free zones in the Emirate of Dubai,

Have issued the following Law:

## **Name of the Law**

### **Article 1**

This Law shall be called “**Dubai Health Insurance Law No. 11 of 2013.**”

## **Definitions**

### **Article 2**

The following words and expressions – wherever appear in this Law – shall have the meanings set out opposite each of them, unless the context requires otherwise:

<b>State:</b>	The State of the United Arab Emirates
<b>Emirate:</b>	The Emirate of Dubai.
<b>Government:</b>	The Government of Dubai.

<b>Executive Council:</b>	The Executive Council of the Emirate.
<b>Authority:</b>	The Health Authority of Dubai.
<b>Concerned authority:</b>	Any governmental authority concerned with the application of the provisions of this Law.
<b>Director General:</b>	The Director General of the Authority.
<b>Health insurance:</b>	The state when the beneficiary enjoys health benefits in accordance with the provisions of this Law and the resolutions promulgated pursuant thereto.
<b>Beneficiary:</b>	The natural person covered by health insurance pursuant to the provisions of this Law.
<b>Health benefits:</b>	The number of health services received by the beneficiary pursuant to the health insurance policy through the health services provider.
<b>Coverage provider:</b>	The entity bearing the cost of health benefits which are provided to the beneficiary by the health services provider, including the Government and the insurance company.
<b>Health insurance policy:</b>	The instrument which specifies the rights and obligations of the beneficiary and the coverage provider in all matters related to health benefits.

<b>Basic coverage:</b>	The minimum health benefits resolved to be provided to the resident in accordance with the resolutions issued pursuant to this Law.
<b>Additional coverage:</b>	The health benefits provided to the beneficiary in addition to the basic coverage.
<b>Coverage amount:</b>	The lump sum amount of money or the percentage specified by the health insurance policy which shall be paid by the beneficiary upon receiving health benefits.
<b>Health insurance card:</b>	The instrument issued by the coverage provider for the beneficiary to provide it to the health services provider as a proof of subscription to health insurance within the coverage period specified by such card.
<b>Coverage period:</b>	The period of time commencing from the date of health insurance policy validity until the date of the expiry thereof.
<b>Health services provider:</b>	The governmental health facility and the private health facility licensed to provide health benefits to the beneficiary in accordance with the provisions of this Law and the resolutions issued pursuant thereto.
<b>Health service provider network:</b>	The list of names and addresses of the health services provider specified by the health insurance policy.
<b>Insurance company:</b>	The insurance company or takaful insurance company licensed by the State to practise insurance activities and which is licensed by the Authority to practise activities related to health insurance in the Emirate.

<b>Claim administration company:</b>	The establishment licensed by the State to practise the activity of insurance claim settlement and which is licensed by the Authority to practise its activities related to health insurance in the Emirate.
<b>Insurance broker:</b>	The establishment licensed by the State for the practice of insurance brokerage activity which is licensed by the Authority for practising the activities of marketing or selling of health insurance policies in the Emirate.
<b>License:</b>	The instrument issued by the Authority including its approval on the practice of any activity related to health insurance in the Emirate in accordance with the conditions and requirements stipulated by this Law and the resolutions issued pursuant thereto.
<b>National:</b>	Any natural person holding the nationality of the State.
<b>Resident:</b>	Any natural person who is not holding the nationality of the State but has a valid residence issued by the competent authority in the Emirate.
<b>Employer:</b>	Any natural or corporate person sponsoring – in accordance with the legislations in force in the Emirate – a natural person of non-nationals for the purpose of visiting or residence.
<b>Visitor:</b>	Any natural person who is visiting the State by way of the Emirate in accordance with legislations in force, including tourists.
<b>Emergency:</b>	The case which calls for immediate medical intervention by the health services provider for the rescuing of a person's life or the elimination of the hazard threatening such person.

## **Objectives of the Law**

### **Article 3**

This Law aims at the realisation of the following:

Provision of integrated health system in the Emirate of high quality which features flexibility and ability to develop and respond to the beneficiaries' expectations

1. Development of health financing system characterized by efficiency and sustainability.
2. Creation of investment attracting health system which maintains the competitiveness of the Emirate.
3. Provision of health services within a framework which protects the rights of all the participating parties.

### **Scope of Application**

#### **Article 4**

The provisions of this Law shall be applied all over the Emirate, including the private development zones and free zones, including Dubai International Financial Centre and the provisions of this Law shall apply to the following persons and categories:

1. National
2. Resident.
3. Visitor.
4. Employer.
5. Sponsor.
6. Health services provider.
7. Insurance company.
8. Claim administration company.
9. Insurance broker.
10. Any other person or category specified by the Executive Council upon a recommendation made by the Authority.

### **Authority Responsibilities**

#### **Article 5**

For the purposes of this Law, the Authority shall undertake the following tasks and powers:

1. Creation of policies, plans, procedures, regulations and standards necessary for the application of the provisions of this Law.
2. Qualification and classification of the insurance companies, claim administration companies and insurance brokers for operating in the domain of health insurance in the Emirate in accordance with the standards adopted in such concern.
3. Issuance of licenses for the health services providers, insurance companies, claim administration companies, insurance brokers and any other entities intending to practice any activity related to health insurance in the Emirate in accordance with the standards and conditions specified by the Authority pursuant to the resolutions issued thereby in such concern.
4. Revision and adoption of the claim application mechanism and the payment and settlement of financial entitlements resulting from the health insurance in the Emirate.
5. Adoption of the prices of health services which are provided by the health services providers and the control of the extent of their compliance with such adopted prices.
6. Adoption of health insurance cards and the prices thereof as well as the amount of coverage and health insurance policy templates in accordance with the controls and

conditions specified by the Authority pursuant to the resolutions issued thereby in such concern.

7. Creation of the principles and rules of the treatment and protection of data at the insurance companies, claim administration companies, insurance brokers, health services providers and any other entities dealing with such data.
8. Creation of the rules related to the transfer of the beneficiary's health insurance from one coverage provider to another coverage provider.
9. Coordination with the concerned authorities in all such issues related to health insurance.
10. Control of the compliance of all parties with the provisions of this Law and the resolutions issued pursuant thereto and adoption of necessary measures against violators.
11. Preparation and control of the application of the policy and procedures of resolving complaints and disputes submitted thereto resulting from health insurance.
12. Adoption and control of the application of the policy and procedures of resolving complaints resulting from health insurance applied by health services providers, insurance companies, claim administration companies and insurance brokers and any other establishments licensed to practise any activity related to health insurance in the Emirate.
13. Control of the scope of health benefits and the cost of health insurance policies.
14. Control of the health benefits costs covered by the health insurance policy.
15. Issuance of periodicals and bulletins which clarify the policies, guidelines and procedures related to the execution of the legislations related to health insurance.
16. Preparation of studies and research necessary for the development of health insurance in the Emirate and the submission of the recommendations thereof in such concern to the Executive Council.
17. Any other tasks which shall be necessary for the realisation of the objectives of this Law.

## **License**

### **Article 6**

1. It shall be prohibited for any natural or corporate person to practise any of the activities related to health insurance in the Emirate as specified by this Law or by the resolutions issued pursuant thereto unless after obtaining a license as such by the Authority
2. The conditions, procedures and fees for the issuance of the license for practising the health insurance activities shall be specified in accordance with the resolutions issued for the execution of this Law.
3. The license shall be valid for one year which shall be renewable for similar periods, providing that the license renewal application shall be submitted within 30 days before the expiry thereof.

## **Health Insurance Enforceability and Application Phases**

### **Article 7**

1. Entities specified by Article 9 of this Law must involve nationals, residents and visitors in health insurance in accordance with the provisions of this Law and the resolutions issued pursuant thereto.
2. A resolution issued by the Chairman of the Executive Council, upon a recommendation made by the Authority, shall specify the phases of applying health insurance, providing that such resolution shall include the following:
  1. The date of commencing the application of each phase.
  2. Categories benefiting from health insurance in each phase.
  3. Entities responsible for the involvement of beneficiaries of health insurance in each phase.
  4. Controls and procedures of applying each phase.

## **Beneficiary Categories**

## **Article 8**

1. Beneficiaries shall be divided, in relation to their entitlement for health benefits, to the following categories:
  1. Health benefits for the category of nationals, including the provision of preventive and therapeutic health services in accordance with what is adopted by the Authority in such concern.
  2. Health benefits for the category of residents, including health services which the employer or sponsor is committed to provide, providing that such health services shall not be less than the basic coverage and it shall be permissible for the employer or sponsor to provide additional coverage for the beneficiary and the family members thereof.
  3. Health benefits for the category of visitors, including the provision of health services in emergencies in accordance with what is adopted by the Authority in coordination with the concerned authorities in such concern.
1. The Executive Council may add other categories to the categories stipulated by Paragraph (A) of this Article and specify the scope of their entitlement for health benefits.
2. The resolutions issued pursuant to this Law shall specify the detailed health benefits for each of the categories referred to by Paragraph (A) of this Article.

## **Responsibility of Prescription to Health Insurance**

## **Article 9**

1. The responsibility of prescription to health insurance shall be as follows:
  1. The Government, as for nationals, shall be in accordance with the policy of health insurance and the controls determined by the Authority pursuant to the resolutions issued in such concern.
  2. The employer, as for the employees thereof, in accordance with the policy of health insurance applicable by such employer, providing that the health benefits prescribed by such policy shall not be less than the basic coverage.
  3. The sponsor, as for the persons sponsored thereby, providing that the health benefits provided by such sponsor shall not be less than basic coverage.
  4. The entity specified by the Authority in coordination with the competent authorities as for visitors.
1. Health insurance shall be provided to the persons entitled thereto by a contract concluded between the entities referred to by Paragraph (A) of this Article and the insurance company or the entity specified by the Authority in accordance with the standards issued by the Authority in such concern.
2. The cost of covering the beneficiary by health insurance shall be borne by the entities referred to by Paragraph (A) of this Article.

## **Employer Obligations**

## **Article 10**

The employer shall be obliged of the following:

1. Cover the employees thereof by health insurance in accordance with the health insurance policy applicable thereby, providing to comply with the provisions of this Law and the resolutions issued pursuant thereto.
2. Bear the costs for such health insurance coverage rather than making the beneficiaries bear such costs.
3. Verify that the health insurance of the employees thereof is valid for the length of their work period at the employer.
4. Bear the health services and medical intervention costs in emergencies for any of the employees thereof if any of them has no health insurance in accordance with the provisions of this Law.
5. Give the employees thereof the health insurance card.

6. Provide the health insurance policy upon the residence issuance or renewal of the employees thereof.
7. Any other obligations specified by the Authority pursuant to the resolutions issued thereby in such concern.

### **Sponsor Obligations**

#### **Article 11**

The sponsor shall be obliged of the following:

1. Cover the persons sponsored thereby if they have not been covered by the employer thereof.
2. Bear the cost of such health insurance coverage rather than making the beneficiaries bear such costs.
3. Verify that the health insurance of the persons sponsored thereby is valid for the length of their residence or visiting period.
4. Bear the health services and medical intervention costs in emergencies for any of the persons sponsored thereby if any of them has no health insurance in accordance with the provisions of this Law.
5. Give the persons sponsored thereby the health insurance card.
6. Provide the health insurance policy upon the residence or visiting issuance or renewal of the persons sponsored thereby.
7. Any other obligations specified by the Authority pursuant to the resolutions issued thereby in such concern.

### **Beneficiary Obligations**

#### **Article 12**

The beneficiary shall be obliged by the following:

1. Notify the entity responsible for covering him by health insurance immediately if his health insurance card is lost or damaged.
2. Not to abuse the health insurance card in whatsoever way, including permitting third party to use it.
3. Pay the coverage amount in accordance with the health insurance policy.
4. Notify the Authority of any exploitation, manipulation or negligence committed against him by any of the parties of the health insurance system.
5. Refrain from any action by which he may illegally obtain health benefits or financial earnings.
6. Any other obligations specified by the Authority pursuant to the resolutions issued thereby in such concern.

### **Insurance Company Obligations**

#### **Article 13**

1. Payment of the value of health benefits.
2. Payment of the value of health benefits provided by the provider of a health service which is not listed within the health services provider network in emergencies and until the elimination of hazard.
3. Enabling of the beneficiary from obtaining his rights as prescribed by the health insurance policy by the means available.
4. Conditions of the license granted to it and the provisions of the contracts concluded with the entities related to health insurance.
5. The mechanism adopted by the Authority concerning financial claims related to health insurance.
6. The provisions and conditions of the health insurance policy and the use of the templates adopted by the Authority is such a concern.
7. Issuance of the health insurance card.



8. Provision of the beneficiary with the health services provider network and the update thereof on a periodic basis.
9. Notification of the Authority at the event of any conflict of interests or the existence of any direct or indirect interests with the health services providers.
10. Notification of the Authority of any violations committed by the health services providers or any of the parties of the health insurance system.
11. Publishing and distribution of instructions, guidelines, templates, policies, publications and booklets related to health insurance on beneficiaries in coordination with the Authority.
12. Maintenance of financial and statistical registers and the reports related to the health benefits provided to beneficiaries for the period specified by the Authority.
13. Maintenance of the financial registers of health insurance and the separation of such registers from the other activities provided thereby for the period specified by the Authority.
14. Protection of the privacy and confidentiality of beneficiaries.
15. Settlement of complaints submitted thereto in accordance with the ad hoc mechanism prepared thereby which is adopted by the Authority in such concern.
16. Provision of the qualified technical and administrative personnel which guarantee the optimum functioning of the company duties.
17. Notification of the Authority of any alteration or amendment occurring to any of the data or documents pursuant which the license is issued within seven working days as of the date of the occurrence thereof, providing that such alteration or amendment complies with the provisions of this Law and the resolutions issued pursuant thereto and the legislations in force in the Emirate.
18. Usage of its own commercial name in all its dealings with third parties as indicated by the license issued to the company.
19. Provision of any information, data or statistics required thereby or deemed necessary to be reviewed thereby in execution of the provisions of this Law and the resolutions issued pursuant thereto as well as the cooperation with the employees of the Authority and enabling them to review the database and registers thereof.
20. The controls, conditions and procedures adopted pursuant to this Law and the resolutions, directives and regulations issued pursuant thereto and the provisions of the legislations in force in the Emirate.
21. Any other obligations specified by the Authority pursuant to the resolutions issued thereby in such concern.

#### **Claim Administration Company Obligations**

##### **Article 14**

The claim administration company shall be obliged of the following:

1. The mechanism adopted by the Authority concerning financial claims related to health insurance.
2. Conditions of license granted thereto and the provisions of the contracts concluded thereby with the entities related to health insurance.
3. Notification of the Authority at the event of any conflict of interests or the existence of any direct or indirect interests with the health services providers.
4. Notification of the Authority of any violations committed by the health services providers or insurance companies.
5. Maintenance of financial and statistical registers and the reports related to the health benefits provided to beneficiaries for the period specified by the Authority.
6. Protection of the privacy and confidentiality of beneficiaries.
7. Settlement of complaints submitted thereto in accordance with the ad hoc mechanism prepared thereby which is adopted by the Authority in such concern.
8. Provision of the qualified technical and administrative personnel which guarantee the optimum functioning of the company duties.
9. Notification of the Authority of any alteration or amendment occurring to any of the data or documents pursuant which the license is issued within seven working days as of the date of the occurrence thereof, providing that such alteration or amendment

complies with the provisions of this Law and the resolutions issued pursuant thereto and the legislations in force in the Emirate.

10. Usage of its own commercial name in all its dealings with third party as indicated by the license issued to the company.
11. Provision of any information, data or statistics required thereby or deemed necessary to be reviewed thereby in execution of the provisions of this Law and the resolutions issued pursuant thereto as well as the cooperation with the employees of the Authority and enabling them to review the database and registers thereof.
12. The controls, conditions and procedures adopted pursuant to this Law and the resolutions, directives and regulations issued pursuant thereto and the provisions of the legislations in force in the Emirate.
13. Any other obligations specified by the Authority pursuant to the resolutions issued thereby in such concern.

## **Health Services Provider Obligations**

### **Article 15**

The health services provider shall be obliged to the following:

1. Provision of health benefits in accordance with the prescribed professional and ethical standards and in accordance with the therapeutic guidelines adopted by the Authority.
2. Policies and provisions issued by the Authority regarding the method of providing health benefits.
3. Provision of its financial claims related to health insurance in accordance with the mechanism adopted by the Authority in such concern.
4. Adoption of the price list for its health services by the Authority and the compliance with such list.
5. Refraining from manipulating or neglecting the medical records or financial statements related to such health benefits provided to beneficiaries.
6. Provision of the services thereof for the beneficiaries in accordance with the health insurance policy.
7. Provision of health services for the beneficiary in emergencies until the hazard is eliminated even if it is not within the health services provider network without prejudicing to its right in recourse against the coverage provider for paying the cost of such services.
8. Protection of the data and information of the beneficiaries and the confidentiality thereof.
9. Maintenance of the records and files of beneficiaries for the period specified by the Authority. Provision of the beneficiary, upon his request, with a copy of his medical reports based on his medical file or a copy of his medical file.
10. Legitimate competition principles and refraining from undertaking any action which may deceive the health insurance system or obtain financial earnings illegally.
11. Notification of the Authority at the event of any conflict of interests or the existence of any direct or indirect interests with the health services providers.
12. Provision of the Authority, insurance company and claim administration company with the required information, data and documents related to health benefits provided thereby to the beneficiary.
13. Notification of the Authority of any alteration or amendment occurring to any of the data or documents pursuant which the license is issued within seven working days as of the date of the occurrence thereof, providing that such alteration or amendment complies with the provisions of this Law and the resolutions issued pursuant thereto and the legislations in force in the Emirate.
14. Usage of its own commercial name in all its dealings with third party as indicated by the license issued to the company.
15. Provision of any information, data or statistics required thereby or deemed necessary to be reviewed thereby in execution of the provisions of this Law and the resolutions issued pursuant thereto, including the beneficiary's medical file as well as the cooperation with the employees of the Authority and enabling them to review the database and registers thereof.

16. The controls, conditions and procedures adopted pursuant to this Law and the resolutions, directives and regulations issued pursuant thereto and the provisions of the legislations in force in the Emirate.
17. Any other obligations specified by the Authority pursuant to the resolutions issued thereby in such concern.

### **Health Insurance Policy**

#### **Article 16**

1. The health insurance policy shall be issued by the coverage provider.
2. The health insurance policy shall include the following data:
  1. Scope of health benefits and the financial ceiling thereof and the coverage period.
  2. Health services provider network.
  3. Coverage amount.
  4. Procedures for the settlement of financial claims related to such health benefits provided to the beneficiary.
  5. Mechanism of submitting complaints and the methods for the settlement of disputes and compensations resulting from the prejudice of the health insurance policy.
  6. Rules of maintaining the confidentiality of the data and information related to the beneficiary and the protection thereof.
  7. Rules, standards and procedures of the circulation and maintenance of the information and data related to health insurance.
  8. Any other data deemed significant by the Authority to be included by the health insurance policy.
1. The health insurance policy issued in accordance with the template adopted by the Authority shall be deemed as the principle reference for the specification of the rights and obligations of the beneficiary and the entity responsible for covering beneficiaries by health insurance as well as other relevant persons.

### **Validity of Health Insurance Policy**

#### **Article 17**

1. The validity of the health insurance policy shall expire by the end of the coverage period indicated thereby, by the decease of the beneficiary or by the termination of his relation with the entity responsible for his coverage by health insurance for whatsoever legal reason.
2. Without prejudice to the legislations in force in the Emirate and notwithstanding the provisions of Paragraph (A) of this Article, the validity of the health insurance policy of the resident shall continue for the period prescribed by law after the cancellation of his residence.

### **Prejudice of the Health Insurance Policy Provisions**

#### **Article 18**

Whoever violates the provisions and conditions of the health insurance policy or provides incorrect data for obtaining health benefits shall be liable for the payment of the entire value of the health services provided to the beneficiary in accordance with the prices adopted by the Authority.

### **Health Insurance Card**

#### **Article 19**

The health insurance card shall be issued for the beneficiary by the coverage provider. Resolutions issued pursuant to this Law shall determine the conditions for the issuance of

such card and the data required to be included thereby and the mechanism of the circulation thereof.

## **Recovery of the Health Benefits Cost**

### **Article 20**

The coverage provider shall bear the cost of such health benefits provided to the beneficiary in accordance with the health insurance policy without prejudice to the right of the coverage provider to have recourse against the entity which legally assume the responsibility of paying the cost of such benefits.

## **Settlement of Disputes**

### **Article 21**

The Authority may create a special regulation for the settlement of the disputes resulting from health insurance and oblige all the parties of health insurance to comply with such regulation before resorting to arbitration or the court.

## **Fees**

### **Article 22**

The Authority shall collect in return for the issuance of licenses and provision of services the fees which shall be specified by a resolution issued by the chairman of the Executive Council.

## **Penalties**

### **Article 23**

1. Without prejudice to any stricter penalty stipulated by any other legislation, whoever violates the provisions of this Law and the resolutions issued pursuant thereto shall be penalised by a fine of no less than AED 500 (five hundred) and no more than AED 150,000 (one hundred fifty thousand). Fines prescribed for the acts committed in violation of the provisions of this Law shall be specified by a resolution issued by the Chairman of the Executive Council.
2. The amount of the fine stipulated by Paragraph (A) of this Article shall be doubled at the event of reiterating committing the same violation within one year as of the date of the first violation, providing that such fine shall not exceed the amount of AED 500,000 (five hundred thousand)
3. In addition to the fine penalty stipulated by Paragraph (A) of this Article, it shall be permissible for the Authority to take one or more of the following measures against the violator:
  1. Warning.
  2. Suspension from practising activities related to health insurance in the Emirate for a period of no more than two years.
  3. License cancellation.
1. The imposition of the penalties and measures referred to by this Article shall not prejudice the civil or criminal liability of the violator when necessary.
2. The Authority may, in cases calling for such measures, notify the license authority and the concerned authority of the acts committed in violation of the provisions of this Law and the resolutions issued pursuant thereto and of the penalties applied to the violator for taking any procedures deemed necessary thereby in such concern.

## **Judicial Officers**

### **Article 24**

Employees of the Authority who are nominated by a resolution issued by its Director General in coordination with the Director General of the Legal Affairs Department of the Government of Dubai shall have the capacity of judicial officers in detecting the acts committed in violations of the provisions of this Law and the resolutions issued pursuant thereto and by such capacity they may make the necessary reports and be assisted by the police force.

## **Grievance**

### **Article 25**

Any person concerned may submit a grievance in writing to the Director General against the resolutions, measures and procedures taken against him by the Authority pursuant to the provisions of this Law and the resolutions issued pursuant thereto within 30 days of the date of knowing of the aggrieved resolution, measure or procedure. Such grievance shall be settled within 30 days, as of the date of submitting it, by a committee formed by the Director General for such purpose. The resolution issued in such grievance shall be final.

## **Transfer of Fees and Fines**

### **Article 26**

The proceeds of the fees and fines collected in accordance with the provisions of this Law and the resolutions issued pursuant thereto shall be transferred to the account of the General Treasury of the Government.

## **Reconciliation of Statuses**

### **Article 27**

1. Subject to the provisions of Paragraph (B) of Article 7 of this Law, the health insurance policy issued prior to the enforcement of this Law shall remain effective until the expiry thereof or by the lapse of one year of the date of the enforcement of this Law, whichever closer, and it shall be permissible to extend such period by a resolution of the Authority.
2. All employers and sponsors shall reconcile their statuses in accordance with the provisions of this Law and the resolutions issued pursuant thereto within one year of the date of the enforcement of this Law; otherwise, the Authority may take necessary procedures against them in such concern.

## **Issuance of Permits and Visas**

### **Article 28**

The Authority shall undertake, in coordination with the competent authority, the issuance and renewal of entry permits or visas to the State by way of the Emirate or for residing in it, for providing the health insurance policy for such persons for whom the permits or visas are issued.

## **Provision of Support**

### **Article 29**

All the concerned entities in the Emirate – each according to its responsibilities – shall provide the support necessary for the Authority to enable it from undertaking the tasks entrusted thereto pursuant to this Law and the resolutions issued pursuant thereto and shall take all

such procedures necessary for the execution of the resolutions issued by the Authority for the execution of the provisions of this Law.

### **Issuance of Executive Resolutions**

#### **Article 30**

The Chairman of the Executive Council shall issue the resolutions necessary for the execution of the provisions of this Law in cases other than such where the Authority is resolved to issue such resolutions.

### **Revocations**

#### **Article 31**

Any provision stipulated by any other legislation shall be revoked to the extent which is contradicting the provisions of this Law.

### **Publishing and Enforcement**

#### **Article 32**

This Law shall be published in the Official Gazette and it shall come into force after 60 days of the date of the publishing thereof.

**Mohammed Bin Rashid Al Maktoum**

**Ruler of Dubai**

Issued in Dubai,

On 24 November 2013

Corresponding to 20 Muharram 1435 Hijri