



# NEOM Hospital Form

## Accommodation Check-Out Form

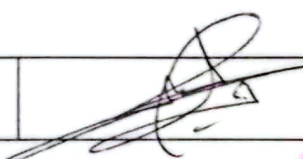
Serco Business

### Section 1. Guest Details

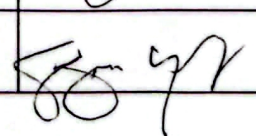
MALE

Guest Name	WALEED MOHAMMED ALHARBI		
Company ID/Passport No.	10666/103708700	Company Name	FAKEH
Department	CARDIOLOGY	Position	CONSULTANT
Building Number	B-1	Room Number	R-102 SINGLE (A)
Status/Rationale of Leave: Annual Leave <input type="checkbox"/> Emergency Leave <input type="checkbox"/> Medical Leave <input type="checkbox"/> Others <input checked="" type="checkbox"/>			

### Section 2. Guest Remark

Guest Signature:		Check-Out Date	24/8/2024
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### Section 3. Accommodation In-charge Remarks

Rooms are in good condition	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Keys returned	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Accommodation In-charge Name	Jhalu		
Accommodation In-charge Signature		Date	24/08/24

Removed from the group