

**NEOM Hospital Form****Accommodation Check-Out Form****Section 1. Guest Details**

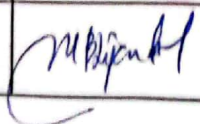
Guest Name	SALEH ABDULQADER KHAWAJAH		
Company ID/Passport No.	10672/1009115161	Company Name	FAKEEH
Department	Plastic surgery	Position	Consultant
Building Number	B-2	Room Number	R-111 single CA

Status/Rationale of Leave: Annual Leave ☐ Emergency Leave ☐ Medical Leave ☐ Others ☒

Section 2. Guest Remark

Guest Signature:		Check-Out Date	01-09-24
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Section 3. Accommodation In-charge Remarks

Rooms are in good condition	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Not in the group
Keys returned	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Accommodation In-charge Name	mary		
Accommodation In-charge Signature		Date	01-Sept 2024