



NEOM Hospital Form

Accommodation Check-Out Form

Section 1. Guest Details

Guest Name	BADER, ZAID ALFADHEL		
Company ID/Passport No.	10661/1052494638	Company Name	FAIEEH
Department	RADIOLOGY	Position	CONSULTANT
Building Number	B-1	Room Number	2-112 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	31-08-2024
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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	Mary		
Accommodation In-charge Signature		Date	31-08-24

removed from the group