



NEOM Hospital Form  
Accommodation Check-Out Form

Serco Business

Section 1. Guest Details				MALE
Guest Name	MAMDOUH ALANA ZI			
Company ID/Passport No.	10988-1065000422	Company Name	FAKEH	
Department	PEDIATRICS	Position	CONSULTANT	
Building Number	B-2	Room Number	R-10	
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	06-09-2024

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	DIANNE		
Accommodation In-charge Signature		Date	06-09-2024

already removed to the group (WhatsApp)