



NEOM Hospital Form

Accommodation Check-Out Form

Serco Business

Section 1. Guest Details

Guest Name	Majed Al Zahery		
Company ID/Passport No.	1062445520	Company Name	Neon
Department	Neurology	Position	Consultant
Building Number	2	Room Number	8

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

Section 2. Guest Remark

Guest Signature:

Check-Out Date

24-08-2024

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	g/b	Date 24-08-2024

Removed from the group