ection 1. Guest Details			
uest Name	Dr. Riyadh Bindaham		
ompany ID/Passport No.	1008829713	Company Name	Fallech
Department	Psychiatry	Position	Consultant
Building Number	1	Room Number	107
ection 2. Guest Remark			
Section 2. duest Remark			
Guest Signature:		Check-Out Date	5/54/2024
			(8:42 Pn/
Section 3. Accommodation I	n-charge Remarks		
Rooms are in good condition	Yes	No [
Keys returned	Yes 🖊	No [
Accommodation In-charge Name	8mil a		
Accommodation In-charge Signature	Ser of D	Date	4/ 50/2/200
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MHOS-O-FO- Accommodation Check-Out Form