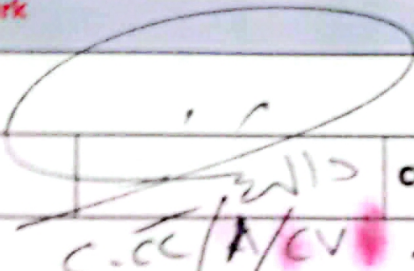





NEOM Hospital Form  
Accommodation Check-Out Form

Serco Business

Section 1. Guest Details			
MALE			
Guest Name	AYMAN MOHAMED ELEASHY		
Company ID/Passport No.	3315/23D1207946	Company Name	FAKEEH
Department	RADIOLOGY	Position	DIRECTOR
Building Number	B-1	Room Number	R-12 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:	 C.C/A/CV 27/4/24
Check-Out Date	27/8/24

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	Hala		
Accommodation In-charge Signature		Date	27/8/24

Removed from the group