



Serco Business  
**NEOM Hospital Form**  
Accommodation Check-Out Form

**Section 1. Guest Details**

MALE

|   |                  |              |            |
|---|------------------|--------------|------------|
| Guest Name  | Dr. Nail AlShur  |              |            |
| Company ID/Passport No.   | 10309/1033748102 | Company Name | FAKEEH     |
| Department  | NICU             | Position     | Consultant |
| Building Number   | 2                | Room Number  | 103        |
| 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 | 28/8/2021 |
|------------------|--|----------------|-----------|

**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      |   |                             |
| Accommodation In-charge Signature |   | Date 28/8/2021              |

already removed to  
the group