



# NEOM Hospital Form

## Accommodation Check-Out Form

### Section 1. Guest Details

Guest Name	ABUDALAZIZ ABDULLAH ALMURHIM		
Company ID/Passport No.	10590/1076558749	Company Name	TAKEEN
Department	RADIOLOGY	Position	CONSULTANT
Building Number	B-1	Room Number	R-106
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	31/8/2024
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### 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	MARY	
Accommodation In-charge Signature		Date
		31-08-24

Removal from the group