

Annex 1 –Additional Joining of Family Member Request Form

Employee Information		
Employee's Name:		
Tower Number:	Apartment Number:	
Contact Number:		
E-mail:		
Family Member information		
Name:		
Relationship:		
Joining Date:		
Passport Number :		
Declaration		
I confirm that the information I have provided is correct and I understand that my application may not be considered if I have, knowingly, provided any false information. I also take full responsibility for the behavior of my family member(s) and will bear the cost for any damages incurred in the compound whilst they are residing in the accommodation.		
Signature	Date	
Approval - To be filled by the Facilities Management		
☐ ☐	Approved Not Approved	Name : Date: / /202 Signature :
Reason of rejection :		

Required Documents to be attached:

- **Spouse** : (marriage certificate, spouse passport copy).
- **Parents (father/mother)** : (passport copy).
- **Kids** : (kids passport copy, spouse passport copy, marriage certificate).




Cib