شـركـة فـوزك والـصـالـح الـعـقـاريـة
FAWSEC & ALSALEH REAL ESTATE CO.

Annex 5 – Apartment Access Authorization (During Staff Leave)

Employee Information	
Employee's Name:	
Tower Number:	Apartment Number:
Contact Number:	
E-mail:	
Vacation duration : From (/ /) To (/ /)	
Authorized person information	
Authorized person name:	
Authorized person contact number:	
Relationship:	
Reason of visit:	
Expected times of visiting :	
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 authorized person and will bear the cost for any damages incurred in the compound whilst they are residing in the accommodation. Signature ..... Date	
Authorized persona acknowledgment	
I acknowledge that the information I have provided is correct and I will abide by the mentioned rules and terms of the visitor in the housing policy and I will adhere to the mentioned visiting timing above Signature ..... Date	
Approval - To be filled by the Facilities Management	
◯ Approved ◯ Not Approved	Name : ..... Date: / /202 Signature : .....
Reason of rejection:	