

FACE CARD REPLACEMENT FORM



Staff Name: _____

Staff number: _____

Type of Deduction	Deduction amount
• Stolen 1 st time only (Police report shown)	No Charge
• Stolen 2 nd time	200Dhs
• Rejoining Face card	200Dhs
• Lost Face Card(1 st time)	200Dhs
• Lost Face Card (2 nd time)	500Dhs

Terms and Conditions:

- Submit the replacement form at the FACE office.
- After the replacement request has been placed, any further cancellation with the request is not acceptable.
- FACE card will be processed in a minimum of 10 working days.

I hereby authorize Face to make the above deductions from my salary in accordance with the above terms and conditions.

Signature

Date