

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 | 500Dhs |
| Rejoining Face card | No Charge |
| 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 during office hours.
- Outside office hours: envelope to be dropped at Crew Mailing Services.
- 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