

Family Visitor Home Access Approval Form

Please complete the information below to apply for Family Visitor Home Access approval to your current company provided accommodation for family members as specified below. Submit this form to the AKC Housing Department a minimum of 24 hours prior to the visit date and a processed copy will be returned to employees by internal mail / fax.

Notes:

- Company Definition of Permitted 'Family Visitor': Employee and Spouse 'first degree' relatives; son, daughter, brother, sister, father and mother
- Family visitors shall be permitted to stay in Company accommodation for a period of NO LONGER THAN 6 MONTHS

NB. All other non-family visitors shall be permitted to stay in Company accommodation for a period of no longer than 24 hours - no prior application required.

Attachments Required:

- 1) Employee ID/Passport copy (Must be a clear copy of both sides)
- 2) Visitor ID/Passport copy (Must be a clear copy of both sides)

Employee Information:

Employee Name & SN#		
RG <input type="checkbox"/>	QG <input type="checkbox"/>	AKIS <input type="checkbox"/>
Villa / Apt No.		
Telephone (Res./Office)		
Company Email address		
Dates of family visit From / To		

Visitor Information as shown in the ID/Passport

Visitor No 1 Name	
Nationality	
Relationship to employee	
Mobile No. of the visitor	

Visitor No 2 Name	
Nationality	
Relationship to employee	
Mobile No. of the visitor	

Visitor No 3 Name	
Nationality	
Relationship to employee	
Mobile No. of the visitor	

Visitor No 4 Name	
Nationality	
Relationship to employee	
Mobile No. of the visitor	

Employee declaration:

- I confirm the above visitors are my family members as 'defined' above by Company and the above details are correct
- I agree to take full responsibility for the behavior of my visitors for the duration of their stay
- I have advised my visitors regarding the AKC Rules & Procedures pertaining to Company accommodation and I am aware that failure to comply may result in disciplinary action being taken
- I understand I will be liable for any costs incurred due to my visitors actions.

NB. Any cases of non-compliance with the above may result in future requests for Family access to accommodation being denied.

Employee Signature: _____

Date: _____

SECTION BELOW TO BE COMPLETED BY AL KHOR ADMINISTRATION DEPARTMENT

Verified by Housing Representative

Name: _____

Position: _____

Signature: _____

Date: _____

Approved by Head of Communities & Services

Name: _____

Signature: _____

Date: _____