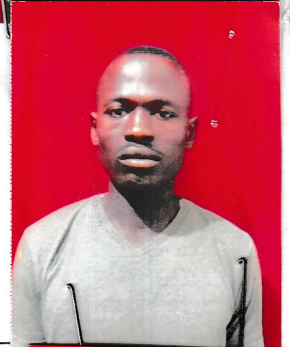




8

IDENTITY CARD FORM



PASSPORT
PHOTOGRAPH

*the Ad
1/2/16*

018642
Staff ID Card Number: S

NAME:

LIAMBO	SACI	
Surname	First Name	Others

POSITION:

DRIVER T-1000

UNIT/BRANCH:

STAFF SIGNATURE:

[Handwritten Signature]

AUTHORISATION:

This form must be returned with other completed documents for prompt processing please.