

Kafanchan

Please
Review.



IDENTITY CARD FORM



Staff ID Card Number: S

NAME:

BAUDA VERONICA

Surname

First Name

Others

POSITION:

DIRECT SALES AGENT

UNIT/BRANCH:

KAFANCHAN

STAFF SIGNATURE:

A handwritten signature in black ink, appearing to read 'V. Bauda', written inside a rectangular box.

AUTHORISATION:

[Empty rectangular box for authorisation]

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