

## REQUISITION FOR ISSUE OF PHOTO-ID SMART CARD FOR ASSOCIATES (TO BE FILLED IN BLOCK CAPITALS)

(			Color Passport size
Date of Requisition	:		<ul> <li>photograph.</li> <li>Please note that</li> </ul>
First Name	:		_ any form with a
Last Name	:		<ul> <li>photo that does not</li> <li>meet the criteria as</li> </ul>
Date of Birth ID No.	:		listed in the note below shall be returned.
Date of Joining			
•			
Gender	•	M / F	
Location	•		
Emergency Contact Person	:		
& Address			
		CityState	
		Pin Code Phone	e #
<ul><li>acceptable.</li><li>3. The photograph should be take blue).</li></ul>	along w enuine p en in we h both e	vith form. passport size image. A cutting from family or ell-illuminated indoor / studio environment wit ears being visible. Side postures are not acce	n a light background (preferably
Sign. Of Associate	(Signature Authorized signatory)		
		Name of Authorized Signatory:	Date:
<u> </u>	FORU	SE BY I-CRES PHYSICAL SECURITY	
FORM RECEIVED ON:		DATE OF INTIMATION TO ASSOCIAT	ſE:
DATE OF ISSUE: C/		ARD NUMBER:	
ISSUED TO:		ISSUED BY:	

Paste one recent