

## 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<br>ID No.   | :   |  | listed in the note<br>below shall be<br>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<br>enuine p<br>en in we<br>h both e | vith form.<br>passport size image. A cutting from family or<br>ell-illuminated indoor / studio environment wit<br>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