

GOVERNMENT SERVICES OPERATIONS

Withdrawal of Absconder:

Company Name: _____
Employee's Name: _____
Job Title: _____
License No.: _____ Nationality: _____
Employee's ID Card No.: _____ Passport No.: _____
Employee's Contact Mobile.: _____ Phone No.: _____
Employee's Email: _____
Manager's Contact Mobile.: _____ Phone No.: _____
Manager's Email: _____

Reason of withdrawal for absconder declaration: _____

Authorized Signatory & Company Seal:

Date: _____ Signature: _____

Government services operation office use only:

Checked by: _____ Signature: _____

Please provide a copy of the passport with visa page.