



SAIF ZONE SHUTTLE BUS SERVICE

Applicant Information:

Employee Name: _____ ID No.: _____

Company Name: _____

Tel No.: _____ Mob No.: _____

(SAIF ZONE ID copy & 2 photographs attached)

Trip Information:

Arrival Time: 08:00 09:00 Departure Time: 14:30 16:30 18:00 Area of Residence: Abu Shagara Mega Mall Rolla Muwailah Al Nahda

Date of Commencement: _____

Work Location: _____

(The location for Pickup/Drop will be as per the bus stop allotted by Security department)

I, the undersigned hereby declare and undertake that, I have acknowledged the procedures adopted by SAIF ZONE, And I shall be liable for any violations by me thereof.

Authorized Signatory & Company Stamp

For Office Use Only:

Remarks: _____

(Copy of the payment receipt has to be submitted to Security Office)

Accounts Department

Period:

Amount (AED):

Approved By

Terms & Conditions:

- Bus Fare for Pickup/Drop is **AED 400** per month.
- Advance notice prior monthly invoicing is a **MUST** for cancellation of service.
- Invoice will be raised on monthly basis and debited to the company account.
- Invoices once raised will not be cancelled.