



# Air Niugini

## APPLICATION FOR IDENTIFICATION CARD

Name:..... Department:.....

Staff No:..... D.O.C:.....

- Is this
- First (1<sup>st</sup>) Issue
  - Replacement of Lost I.D. Pass (K20.00)
  - Replacement of old I.D. Pass  
(Old I.D Pass must be return upon replacement)

Signature of Employee:..... Date:.....

Approved by:.....  
(Departmental manager)

- \* Please notify Records Section of any lost I.D. Cards
- \* On resignation/termination I.D. Cards must be returned to Records Section before final payment will be made.
- \* Authorisation to deduct K20.00 from salary for lost I.D. Cards effective PPE.....

Signature: .....

Date: .....