



AIRPORTS COMPANY OF ZIMBABWE

..... AIRPORT

RESTRICTED AREAS PERSONNEL SECURITY PASS LOSS REPORT FORM

PART 1 (To be completed by applicant)

1. Full Name Mr. /Mrs./Miss.....
(underline surname)
2. National Id. No./Ppt. No. E-mail:
3. Employer Designation / Position.....
4. Address.....
5. Lost security pass number..... Date issued..... Expiry.....
8. Brief circumstances on loss.....
.....
9. Whether report was made to police * YES NO If yes attach
police abstract report.
10. I certify that to the best of my knowledge and belief the above information is true and correct.
Date..... Signature of applicant

PART II (To be completed by the employer)

I confirm to the best of my knowledge and belief, I have no cause to doubt the above report and therefore recommend the employee to be issued with a duplicate pass.

Date Signature of employer and Stamp or Seal

PART III (For Official Use Only)

SECTION A

Replacement pass* Approved Not Approved

Remarks (if any)

Authority Date

SECTION B

Circulation in lost pass watch list*

Recording Officer's Name Signature Date

SECTION C (*Issuance*)

PASS No. Paid USD 50. Receipt No.
..... Expiry Date Date
.....

- N. B.** i) *No replacement of a pass without police report.*
ii) *It is criminal offence to furnish false information.*
iii) *To be completed by applicant and submitted with \$50.00 replacement fee.*