

Form 10 – ID Pass Return Form

This form is to be used to return ID passes which are no longer needed. Please return this form along with the ID pass to the ID Centre.

Section 1: Pass Holder's Information

Company Prefix			ID number						Surname	ID or Vehicle Pass	Pass Type (full, 30 day)	Employment Termination Date
												DD/MM/YYYY
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Authorised Signatory's Declaration

I declare that the above details are correct and authorise the cancellation of the ID pass(es).

Signed:		Date:	DD/MM/YY
Authorised Signatory's Name:			
Job Title:			
Contact Number:			

Fold and tear here

Please Note: In the situation of a charge dispute no refund shall be given without proof of receipt.

Edinburgh Airport ID Centre Receipt

Company Prefix			ID Number/Vehicle Pass						Surname	Pass Terminated on CEM				Staff Signature
										Yes		No		
										Yes		No		
										Yes		No		
										Yes		No		
										Yes		No		
										Yes		No		
										Yes		No		
										Yes		No		
										Yes		No		