



NWTL GROUP

REQUEST FORM FOR NEW ID CARD

NAME OF STAFF:

EMPLOYEE NUMBER:

BRANCH:

POSITION:

DATE:

NEW

RENEWAL

REPLACEMENT

Please include an authorisation to deduct form for K20 to cover the cost of replacement ID.

Please click on the square to upload a current photo of the employee.

Photo must include **head, face and top of shoulders** only.

Use a white back ground. Make sure hair is not covering the face and no hats or sunglasses to be worn.



Requested by: (Manager)

Approved: (HR)

Name, Date and Signature:

Name, Date and Signature: