**MULTINET CARD RECEIPT FORM**

I have received the Multinet card numbered ……………..

I acknowledge and undertake that, in case of the loss of the card, I will make a written and reasoned notification to the Human Resources Directorate, and that there will be a deduction of 5 USD+VAT from the card balance.

Recipient of the Card

Name – Last Name :

Date :

Signature :