Bandung Office
Security Access Acknowledgment Form

Staff Details:
- Staff Full Name:
- Job Title:
- Last 5 Digits of National ID:

Card Details:
Fingerprint Access
- App ID:
- Door Lock ID:

Card Access
- App ID:
- Door Lock ID:

Responsibilities:

1. I understand that the security access card is for my use only and cannot be transferred to another individual.
2. I will not lend, duplicate, or misuse the security access card in any way.
3. I will not leave the security access card unattended in any way.
4. If the security access card is lost or stolen, I will immediately report it to the appointed administrator on behalf of Operations team to deactivate the card and request a replacement.
5. I will keep the security access card in a secure location when not in use.
6. I understand that any attempt to tamper with or modify the security access card is strictly prohibited.
7. Upon termination of my contract with the Company, I agree to return the access card to the appointed administrator on behalf of Operations team on or before my last day with the Company.

Acknowledgment:

I, _____, acknowledge receipt of the security access card issued to me by The Software Practice Pte Ltd (201118383N, hereinafter referred to as the '**Company**'). I understand that this card grants access to the office premises and is an important tool for maintaining a safe and secure working environment.

I acknowledge that I have read, understand, and agree to comply with the terms and responsibilities outlined in this Security Access Card Acknowledgment Form. I understand the importance of maintaining the security of the access card and will take necessary precautions to prevent unauthorized use.

Staff Name: _____

Signature: _____ Date: _____

Returning the Access Card: (To be signed upon the termination of the contract with the Company)

Name of Appointed Administrator: _____

Signature: _____ Date: _____

Version	Date	Comments
1.0	8 March 2024	First Version