** Request-Revocation of Authorization Form** (service Government)

Last Updated 6/7/2025

|  |  |
| --- | --- |
| [ ]  Granting new user authorization [ ]  Revocation of currently used authorization [ ]  Other | Request Type  |
| Enter Beneficiary Agency Name here | Beneficiary Agency Name  |
| Enter Employee full name here | Employee Full Name |
| Enter National ID here | National ID Number |
| Enter Date of Birth here | Date of Birth |
| Enter Official E-mail here |  Official E-Mail |
| Enter Job Title here | Job Title |
| Enter Mobile Number here |  Mobile Number |
| [ ]  Financial Claim Inquiry  | [ ]  creating Financial Claim  | Authorization Requested  |
| [ ]  Contracts Review  | [ ]  Electronic Signature  |
| [ ]  Use Tenders as a private sector | [ ]  Subscriptions Manger |
| [ ]  Approval on Contracts and landmark schedules | [ ]  Non-recorded contract registration request |
| [ ]  Bank guarantee service management | [ ]  Etimad Reports authorization |
| [ ]  Contracts Reports  | [ ]  Tenders Reports |
| [ ]  Financial Claim Reports  | [ ]  Edit no CR entities contact officer  |
|  Ensure that the expiration date for the permissions is specified to complete the process of adding them. | Authorization Expiry Date  |
| Write Additional Details here  | Additional Details / Note |

**Terms and Instructions**

**I acknowledge that this site is subject to the following:**

1. **The site owner is the full legal representative (e.g., registrar, site manager). No form will be accepted without the original signature.**
2. **The user is obligated to maintain the confidentiality of documents and information.**
3. **The employee is responsible for using the granted permissions, and bears full responsibility for any consequences resulting from misuse.**
4. **The employee must obtain the required permit from the competent authority for the purpose of work.**
5. **After updating the form and signing it, please send it to ecare@etimad.sa. For inquiries, please contact the Unified Service Center (approved number 19990).**

**acknowledge that I have reviewed the above instructions and hereby sign**

**Employee Name:** Employee Name Here **Signature: ........................................... Date:** Specify Date Here

**License Owner Name:** License Owner Name Here **Signature...................................... Date:** Specify Date Here

**Seal: ...........................................**



**تحت إشراف**