**A picture containing logo

Description automatically generated 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**