

AMERICAN UNIVERSITY OF BEIRUT

Please fill in the below form with the names of dependent under your custody

Family name: ----- First name: ----- ID: -----

Maiden name: ----- Position: ----- Department: -----

Sex. M () F. () Marital status: Single () Married () Divorced () Widow ()

Name of spouse: ----- Working, Yes () No ()

Children's first Name: Sex Date of Birth Student, Working, At home, Handicapped

1st ----- --- ---/---/--- -----

2nd ----- --- ---/---/--- -----

3rd ----- --- ---/---/--- -----

4th ----- --- ---/---/--- -----

5th ----- --- ---/---/--- -----

6th ----- --- ---/---/--- -----

7th ----- --- ---/---/--- -----

8th ----- --- ---/---/--- -----

Signature -----

Date ---/---/---

Payroll use only

Tax code. _____