



**Karolinska  
Institutet**

|  |   |
|--|---|
| <b>Address:</b>                          | <b>Solna</b><br>Reception, Aula Medica, Nobels<br>väg 6.  |
| <b>Address:</b>                          | <b>Flemingsberg</b><br>Alfred Nobels allé 23, C2.<br><br>More information: <a href="https://staff.ki.se/access-cardsbadge">https://staff.ki.se/<br/>access-cardsbadge</a> |
| <b>Please bring photo identification</b> |   |

**Certificate for a badge:**

**Person data**

First and last name: .....

Date of birth 12 figures: .....

Institution: .....

**Reason for having a badge:**

- Employed
- Other: .....

**Validity: If less than 2 years required**

The badge should be valid from ...../..... 20..... - until...../.....20.....

Hereby I certify that the badge is issued for the person above.

Flemingsberg/Solna den...../..... 20.....

.....  
*Head of Department/ Head of Administration      Printed name*  
*or equivalent*

**Badgeholder:**

- I undertake to keep the badge in such a way that unauthorized use can't be done.
- I am aware that it is forbidden to lend out or make a copy of the badge.
- I undertake to immediately notify the loss of the badge to the provider.
- I undertake to return the badge to the provider for cancellation when I leave KI.

Hereby I accept the information above to become a badgeholder.

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*Signature*

The card must be worn clearly visible!