**REQUEST FOR VISIT**

Annex(es)

1st time visit Yes

Recurring No

**DATE OF REQUEST : 14 February 2023**

**1) REQUESTING INSTITUTION**

NAME:

POSTAL ADDRESS:

FAX. NO.: TEL. NO.:

**THE CONTACT PERSON FOR THE VISIT REQUESTED**

NAME: E-MAIL: FAX. NO.: TEL. NO.:

**2) DEPARTMENT/SCHOOL TO BE VISITED**

NAME: E-MAIL: ADDRESS:

FAX. NO.: TEL. NO.: POINT OF CONTACT:

**3) DATE OF VISIT: / / TO / / TIME OF VISIT: from to AM/PM**

**4) TYPE OF VISIT (SELECT ONE FROM EACH COLUMN):**

A PROGRAMME OR AGREEMENT COLLABORATION RESEARCH/EXCHANGE OTHER………………………………………

**SUBJECT TO BE DISCUSSED/JUSTIFICATION: REMARKS/SPECIAL REQUEST:**

**5) PLACE OF STAY/DURING THE PERIOD OF VISIT:**

HOTEL (PLEASE SPECIFY)………………………………………………………………………… OTHER (PLEASE SPECIFY)……………………………………………………………………….

**LIST OF VISITORS**

**TOTAL NUMBER OF VISITORS : ………………….. PERSONS**

**NO.1**

MR./MS./MRS. NAME:

POSITION: INSTITUTION/ORGANISATION: AREA OF INTEREST:

DIETARY CONSTRAINT:

**NO.2**

MR./MS./MRS. NAME:

POSITION: INSTITUTION/ORGANISATION: AREA OF INTEREST:

DIETARY CONSTRAINT:

**NO.3**

MR./MS./MRS. NAME:

POSITION: INSTITUTION/ORGANISATION: AREA OF INTEREST:

DIETARY CONSTRAINT:

**NO.4**

MR./MS./MRS. NAME:

POSITION: INSTITUTION/ORGANISATION: AREA OF INTEREST:

DIETARY CONSTRAINT:

**NO.5**

MR./MS./MRS. NAME:

POSITION: INSTITUTION/ORGANISATION: AREA OF INTEREST:

DIETARY CONSTRAINT:

**NO.6**

MR./MS./MRS. NAME:

POSITION: INSTITUTION/ORGANISATION: AREA OF INTEREST:

DIETARY CONSTRAINT:

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| **6) TRANSPORTATION:**🞏 VISITORS WILL TAKE PUBLIC TRANSPORTATION SUCH AS TAXI.🞏 VISITORS REQUEST FOR A PARKING LOT. THE LICENSE BADGE OF VIHICLE NUMBER: ………………., COLOR: ……………, TYPE: CAR /VAN/ BUS, BRAND …………………… |