

	Doc. No.: RTPC2/BM2.4/F01	Edition/Revision: 1/0	Effective date: March 2013
	VISITOR REQUEST FORM		Page 1 of 1

VISITOR INFORMATION			
Name			
Position/Status			
Organization			
Email		Phone	
Date(s) of scheduled visit			
Time of scheduled visit			

PURPOSE OF VISIT (PLEASE BE SPECIFIC):

DECLARATION			
I have read and understood the various documents (visitor policy and emergency response plan). I will at all times follow the appropriate safety instructions outlined.			
Signature of Applicant		Date	

**Please submit the completed form to RTPC2 Manager via fax at +603 89213398 or email to siti@ukm.my no later than two weeks prior to arrival. Late information may not be able to be accommodated.*

FOR OFFICE USE ONLY			
Signature of RTPC2 Manager		Date	