

REQUEST FOR VISIT

- One Time
- Recurring
- Extended
- Emergency
- Amendment

1. ADMINISTRATIVE DATA

REQUESTOR:

TO:

1. You must provide a reference number here. For example 2006-01 for your 1st visit and then 2006-02 for your 2nd one.

DATE: / /

VISIT ID:

2. REQUESTING GOVERNMENT AGENCY OR INDUSTRIAL FACILITY

NAME:

POSTAL ADDRESS:

2. Provide the full name, postal address, fax & telephone No. of the Company requesting the visit.

TELEX/FAX NO:

TEL NO:

3. GOVERNMENT AGENCY OR INDUSTRIAL FACILITY TO BE VISITED

NAME:

ADDRESS:

3. Provide the full name, postal address, postcode, telephone and fax No. of the site to be visited. If more than one site is to be visited please use the continuation sheet 1, and remember full details are needed for each site that is to be visited.

TELEX/FAX NO:

POINT OF CONTACT

TEL NO:

4. Dates should be given as fully as possible & written in the dd/mm/yyyy format.

4. DATES OF VISIT:

 / / TO / / (/ / TO / /)

5. TYPES OF VISIT (SELECT ONE FROM EACH COLUMN)

5. Select one from each column as appropriate.

GOVERNMENT INITIATIVE

INITIATED BY REQUESTING AGENCY OR FACILITY

COMMERCIAL INITIATIVE

BY INVITATION OF THE FACILITY TO BE VISITED

6. SUBJECT TO BE DISCUSSED/JUSTIFICATION

6. Please give a brief but accurate description of the subject to be discussed. Failure to be clear in content will result in the rejection of the request. It is not enough just to state attending meeting, the title of the meeting should be given. The use of acronyms should be avoided if possible. Please clearly state what MOD Project is involved if there is one.

7. ANTICIPATED LEVEL OF CLASSIFIED INFORMATION TO BE INVOLVED:

7. A level of classification must be provided.

REQUEST FOR VISIT (CONTINUED)

8. IS THE VISIT PERTINENT TO:	SPECIFY:
A SPECIFIC EQUIPMENT OR WEAPON SYSTEM <input type="checkbox"/>	8. Please check one box as necessary.
FOREIGN MILITARY SALES OR EXPORT LICENSE <input type="checkbox"/>	
A PROGRAMME OR AGREEMENT <input type="checkbox"/>	
A DEFENCE ACQUISITION PROCESS <input type="checkbox"/>	
OTHER <input type="checkbox"/>	

9. PARTICULAR OF VISITORS			
NAME:	Surname, Forename (in full) then other initials		
DATE OF BIRTH: / /	dd/mm/yyyy	PLACE OF BIRTH:	Country 2 letter code
SECURITY CLEARANCE:	State level	ID/PP/ NUMBER:	Full Number
POSITION:	Position in Company e.g. Director, Project Manager, Engineer		
COMPANY/AGENCY	Full name of Company employing the Individual		
NAME:			
DATE OF BIRTH: / /	PLACE OF BIRTH:		
SECURITY CLEARANCE:	ID/PP/ NUMBER:		NATIONALITY:
POSITION:			
COMPANY/AGENCY			

10. THE SECURITY OFFICER OF THE REQUESTING GOVERNMENT AGENCY OR INDUSTRIAL FACILITY		
NAME:	10. This must be completed by the requesting Government agency or industrial facility	TEL NO:
SIGNATURE:		

11. CERTIFICATION OF SECURITY CLEARANCE	
NAME:	
ADDRESS:	11. Embassy/High Commission to complete
TEL NO:	
SIGNATURE:	STAMP

12. REQUESTING NATIONAL SECURITY OFFICE	
NAME:	
ADDRESS:	12. Embassy/High Commission to complete
TEL NO:	
SIGNATURE:	STAMP

13. REMARKS
13. If submitting an Amendment to add a visitor, please specify your own reference number as in section 1