LOI REQUEST FOR VISIT

[☐]   One Time
[☐]   Recurring
[☐]   More than 21 days

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1. REQUESTING ESTABLISHMENT/COMPANY/AGENCY

Name:

Address:

Security Officer:

Email: Tel No: Fax No:

Point of Contact:

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2. ESTABLISHMENT/COMPANY/AGENCY TO BE VISITED

Name:

Address:

Security Officer:

Email: Tel No: Fax No:

Point of Contact:

Please use Continuation Sheet 1 for any additional Sites to be visited

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3. DATE OF VISIT

From: /   /   To: /   /

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4. SUBJECT TO BE DISCUSSED:

Project/ Contract/ Programme:

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5. ANTICIPATED LEVEL OF DISCUSSION: CONFIDENTIAL [☐]   SECRET [☐]

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6. VISITOR DETAILS

Name: Passport Number:

Date of Birth: Nationality:

Security Clearance Level: Expiry Date: /   /   Rank/Grade:

Company/Agency: Position   :

Please use Continuation Sheet 2 for additional Visitors

SIGNATURE: DATE:

Continuation of Section 6 – VISITOR DETAILS

Name:	Passport Number:
Date of Birth:	Nationality:
Security Clearance Level:	Expiry Date: / / Rank/Grade:
Company/Agency:	Position:

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Date of Birth:	Nationality:
Security Clearance Level:	Expiry Date: / / Rank/Grade:
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