REQUEST FOR VISIT

[☐] One Time
[☐] Recurring
[☐] Extended
[☐] Emergency
[☐] Amendment

1. ADMINISTRATIVE DATA

REQUESTOR:

1. Leave this section blank, IVCO complete this section.

DATE: / /

TO:

VISIT ID:

2. REQUESTING GOVERNMENT AGENCY OR INDUSTRAIL 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 (or zip code), telephone and fax No. of the site to be visited. The name and telephone No. of the main point of contact should also be given. If more than one site is to be visited continuation sheet 1 should be used.

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
[☐] COMMERCIAL INITIATIVE
[☐] INITIATED BY REQUESTING AGENCY OR FACILITY
[☐] 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. If the request is a renewal of a previous request this should be stated.

7. ANTICIPATED LEVEL OF CLASSIFIED INFORMATION TO BE INVOLVED:

7. A level must be provided.

REQUEST FOR VISIT (CONTINUED)

8. IS THE VISIT PERTINENT TO: **SPECIFY:**

A SPECIFIC EQUIPMENT OR WEAPON SYSTEM [☐]
FOREIGN MILITARY SALES OR EXPORT LICENSE [☐]
A PROGRAMME OR AGREEMENT [☐]
A DEFENCE ACQUISITION PROCESS [☐]
OTHER [☐]

8. Please check one box as necessary.

9. PARTICULAR OF VISITORS

NAME: Surname, Forename (in full) then other initials
DATE OF BIRTH: / / dd/mm/yyyy PLACE OF BIRTH: dd/mm/yyyy 2 letter code
SECURITY CLEARANCE: State level ID/PP/ NUMBER: Full Number NATIONALITY:
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: TEL NO:
SIGNATURE:

11. CERTIFICATION OF SECURITY CLEARANCE

NAME:
ADDRESS:

11. Please leave blank

TEL NO:
SIGNATURE:

STAMP

12. REQUESTING NATIONAL SECURITY OFFICE

NAME:
ADDRESS:

12. Please leave blank

TEL NO:
SIGNATURE:

STAMP

13. REMARKS

13. If submitting an Amendment to add a visitor, please specify the date of the first visit if known