| **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.*

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| **FOR OFFICE USE ONLY** | | | |
|---|---|---|---|
| Signature of RTPC2 Manager | | Date | |