

VISIT REQUEST FORM

1. Please fill in

Title : _____ Family name : _____ First name : _____

Passport # : _____ Issue date : _____ By (authority) : _____

Birth date : _____ Birth place : _____

Nationality : _____ Birth Country : _____

Private address : _____

Profession : _____

Company name : _____

Company address : _____

- Visitor's description : (potential) customer
 (potential) supplier / consultant
 qualified PHOTONIS distributor or agent
 employee of PHOTONIS Group companies
 other :

Part of plant to be visited : _____

Who will you be visiting? _____

State purpose(s) of visit : _____

Arrival date : _____ Time : _____ Duration of visit : _____

2. Read this

All technical information gathered during the visit must be regarded as strictly confidential and must not be disclosed to third parties under any circumstances without permission in writing from PHOTONIS France's Director.

4. Fax back to +33 (0)555 863 771

Please indicate your phone number in case we need more details : ☎ _____

3. Sign here

Visitor's signature
Signature of Person Visited
Signature of Security Agent