

VISIT REQUEST FORM

1. Please fill in

Title		Family name		First name	
Passport n°		Issue date		By (authority)	
Birth date		Birth place		Birth country	
Nationality					
Private address					
Company name					
Company address					
Profession					

- Visitor's description : (potential) Customer
 (potential) Supplier / Consultant
 Qualified PHOTONIS distributor or agent
 Employee of PHOTONIS Group companies
 Other :

Person you will meet at PHOTONIS	
Purpose of the visit with details and arguments	

About your visit	Yes/no	Please give information
Is it about an equipment or a weapon system		
Is it for commercial discussion		
Is it about a scientific cooperation agreement		
Civilian or military equipment		
It is a notoriety visit		
Is under a Foreign Sales Control commission of War Equipment (CIEEMG)		
Others		

Arrival date		Arrival time		Departure date	

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.

3. Sign here

Visitor's signature	Signature of the person visited	Signature of security agent

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

Please indicate your phone number in case we need more

Details : ☎ _____