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**REQUEST FORM**

**Your request will be attended to upon receipt of this completed form.**

**Date and Time of Proposed Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Duration of visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person Making the Visit Request:**

|  |  |  |
| --- | --- | --- |
| **Title** | **First Name** | **Last Name** |
|  |  |  |
| **Position** |  | |
| **Organisation** |  | |
| **Organisation Website** |  | |
| **Email** |  | |
| **Telephone/**  **Mobile Telephone** |  | |
| **Facsimile** |  | |

**Name of the Delegation / Visiting Group:**

|  |
| --- |
|  |

**Objectives of the Visit:**

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| --- |
|  |

**Person(s) / Faculties / Departments You Would Like To Meet:**

|  |
| --- |
|  |

**Specific Areas / Topics of Interest for Discussion:**

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| --- |
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**Leader of Delegation / Visiting Group:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** | **First Name** | **Last Name** | **Position** | **Email Address** | **Contact No** |
|  |  |  |  |  |  |

**List of Delegates / Visitors:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title** | **First Name** | **Last Name** | **Position** | **Email Address** |
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\*Please use attachment if necessary