089400

ENTRY CONTROL

FOR VISITORS

DATE: ..... TIME IN: .....

NAME: .....

FROM WHICH COMPANY: .....

VEH. REG.No.: .....

TEL. No.: .....

COMPANY TO VISIT: PERSON TO SEE:

....

I AGREE TO THE FOLLOWING CONDITIONS:

1. The Company reserves the right to inspect and search all vehicles and goods therein on entry to, and on exit from, the premisses.

2. All security and safety notices on these premises must be strictly adhered to.

NB: The Company cannot be held responsible for any injury or loss or damage sustained by the persons or vehicle/s admitted to the premises vide this permit.

SIGNATURE OF VISITOR:

.....

PLEASE HAVE THIS PORTION FILLED IN AND RETURN TO SECURITY GUARD BEFORE LEAVING THE PREMISES.

Signature of
Person Visited: .....

Department: .....

TO BE FILLED IN BY SECURITY GUARD

TIME OUT: .....

SIGNATURE OF SECURITY GUARD: .....

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