REQUEST FOR VISIT Annex(es) One Time Recurring ☐ Yes ☐ No Extended Emergency Amendment 1. ADMINISTRATIVE DATA **REQUESTOR:** DATE: TO: VISIT ID: 2. REQUESTING GOVERNMENT AGENCY OR INDUSTRIAL FACILITY NAME: Email: **POSTAL ADDRESS:** TELEX/FAX NO: TEL NO: 3. GOVERNMENT AGENCY OR INDUSTRIAL FACILITY TO BE VISITED NAME: Email: ADDRESS: TELEX/FAX NO: POINT OF CONTACT TEL NO: If more than one site is to be visited please use the continuation sheet (Annex 2) 4. DATES OF VISIT: TO TO) 5. TYPES OF VISIT (SELECT ONE FROM EACH COLUMN): $[\Box]$ GOVERNMENT INITIATIVE [] INITIATED BY REQUESTING AGENCY OR FACILITY $[\]$ BY INVITATION OF THE FACILITY TO BE VISITED [] COMMERCIAL INITIATIVE 6. SUBJECT TO BE DISCUSSED/JUSTIFICATION Is this a UK MoD Project: Yes Is this a Non UK MoD Project: Yes If a UK MoD Project visit please provide a UK MoD POC: Tel: 7. ANTICIPATED LEVEL OF CLASSIFIED INFORMATION TO BE INVOLVED: 8. IS THE VISIT PERTINENT TO: SPECIFY: A SPECIFIC EQUIPMENT OR WEAPON SYSTEM $[\Box]$ $[\Box]$ FOREIGN MILITARY SALES OR EXPORT LICENSE $[\Box]$ A PROGRAMME OR AGREEMENT $[\Box]$ A DEFENCE ACQUISITION PROCESS **OTHER** $[\square]$

REQUEST FOR VISIT (CONTINUED)

9. PARTICULAR OF VISITOR	e					
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SECURITY CLEARANCE:		PASSPORT NO:	NATIONALITY:			
POSITION:						
COMPANY/AGENCY						
NAME:						
DATE OF BIRTH: /	/	PLACE OF BIRTH:				
SECURITY CLEARANCE:		PASSPORT NO:	NATIONALITY:			
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COMPANY/AGENCY						
	If needed nlease us	se the continuation sheet (Annex 2))			
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10. THE SECURITY OFFICER	OF THE REQUES	TING FACILITY OR AGENCY				
NAME:			Email:			
TEL NO:			Fax:			
SIGNATURE:						
	URITY CLEARANC	E (Completed by Government Ce	ertifying Authority)			
NAME:			CTAMP			
ADDRESS:			STAMP			
TEL NO:						
SIGNATURE:						
12. REQUESTING SECURITY	AUTHORITY (Req	uesting NSA/DSA)				
NAME:			STAMP			
ADDRESS:			STAME			
TEL NO:						
SIGNATURE:		DATE: / /				
13. REMARKS						

Continuation of Section - 3. GOVERNMENT AGENCY OR INDUSTRIAL FACILITY TO BE VISITED

NAME:	Email:
ADDRESS:	
TELEX/FAX NO:	
POINT OF CONTACT	TEL NO:
POINT OF CONTACT	TEL NO.
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TOWN OF CONTINCT	122110.
NAME:	Email:
ADDRESS:	
TELEX/FAX NO:	
POINT OF CONTACT	TEL NO:
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Continuation of Section - 9. PARTICULAR OF VISITORS

/	/	PLACE OF BIRTH:	
		PASSPORT NO:	NATIONALITY:
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