## MUM.ECA – FORM.02

## **VISITOR PASS**

Frocessing time for approvaris 5 working days.				
1.	Name of Club/Society	:		
2.	Name of Person-in-charge	:		
3.	Campus ID	:		
4.	Contact number			
5.	Name of event/activity			
6.				
	Visitor's entry date			
8.				
	•			
9.	,	•		
10. Details of visitor :				
No.	Visitor's details		Transportation det	ails
1	Name:		Type of transport:	
	IC/Passport no:		Car plate no.:	
	Contact no.:			
2	Name:		Type of transport:	
	IC/Passport no:		Car plate no.:	
	Contact no.:			
3	Name:		Type of transport:	
	IC/Passport no:		Car plate no.:	
	Contact no.:			
4	Name:		Type of transport:	
	IC/Passport no:		Car plate no.:	
	Contact no.:			
5	Name:		Type of transport:	
	IC/Passport no:		Car plate no.:	
	Contact no.:			
Submitted by		Verified by	,	Approved by
Name:		Name:		Name:
Date:		Date:		Date: