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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **SITE ID** | ***Insert Site ID*** | |  | **CITY** | ***Insert City*** | | |  |  |  |  |  |  |  | | **SITE LOCATION** | ***Insert Site Location*** | |  | **REGION** | ***Insert Region*** | | |  |  | |  |  |  |  | | **SITE TYPE** | ***Insert Site Type*** | |  | **TOWER HEIGHT** | **Insert Tower Height** | | |  |  |  |  |  |  |  | | **DATE & TIME ACCESS COMMENCES** | **9/10/20** | **9:00AM** |  | **DATE & TIME ACCESS FINISHES** | **9/10/20** | **11:00AM** | | | | | | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  | |  |  |  | | | **REQUESTING PERSON** | ***Deployment Manager Name*** | |  | **DEPARTMENT / ORGANISATION** | ***Insert Department*** | | |  |  |  |  |  |  |  | | **EMAIL** | ***Deployment Manager r eMail*** | |  | **CONTACT TEL No.** | ***Cell Phone Deployment Manager*** | | |  |  | |  |  |  |  | | | | | | |
|  | **Key Visitor Information:**  **Name**:     Field Supervisor Name |  | **Description of the Activity** |  |  |
|  | **ID No:** 41654164 |  |  |
|  | **Company:** NaaS Operator or Subcontractor |  |
|  | **Address:** Field Supervisor address |  |
|  | **Telephone: Ext:** | **Mobile :** 55555555 |
|  | **Other Team members along with the key visitor :** | | |  |  |
|  | Name | ID number | Company/department |  |  |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
|  | **Requested By : “Deployment Manager”**  **Approving authority for requester (Site Owner) :**  **Name:**  **Signature:** | | | |  |
|  | **Approval of Network operations in charge:** | | | |  |
|  | Signature: | | | |  |
|  |  | | | |  |

\*The requester must submit this form duly signed and approved by the concerned in charge at least 2 business days ahead of scheduled visit.