

PHOTONIS

Avenue Roger Roncier - BP 520
F - 19106 BRIVE LA GAILLARDE

Tel : + 33 (0)5 55 86 37 00
Fax : + 33 (0)5 55 86 37 73

FOREIGN VISITOR'S CONTROL FORM

1 - Please fill in

Title : _____ Surname : _____ First name / Initials : _____

Passport : _____ Issued : _____ by : _____
(number) (date : YY.MM.DD.) (authority)

Born : _____ In : _____ Nationality : _____
(date : YY.MM.DD.) (place - country)

Private address : _____

Company name : _____

Company address : _____

Visitor description :

(potential) customer

Are you or is (potential) supplier, subcontractor or consultant

your company a : qualified Photonis distributor or agent

other : _____

Part of plant to be visited : _____

Who will you be visiting ? : _____

Arrival : _____ , _____ Duration of visit : _____
(date : YY.MM.DD.) Time

2 - Read this

3 - Sign here

All technical information gathered during the visit is to be regarded as strictly confidential and must not be imparted to third parties under any circumstances whatsoever without permission in writing from the Plant Director.

Visitor's signature

4 - Fax back

To above number. Thank you.

For any inquiry please contact :

Signature of person visited

Mrs G. BENOIST Tel. : +33 (0) 5 55 86 37 30 .

Security agent's signature