

# OCULAR GATE PASS



NAME OF COMPANY : \_\_\_\_\_

ATTENTION : \_\_\_\_\_ / MOBILE NO. \_\_\_\_\_

TELEPHONE : \_\_\_\_\_ / FAX \_\_\_\_\_

Approved Ocular Date: \_\_\_\_\_ Tentative Date for Event: \_\_\_\_\_

Expected Time of Arrival: \_\_\_\_\_ Total No. of Guest for Event: \_\_\_\_\_

Signature over Printed  
Name of Committee Head:

\_\_\_\_\_

Names of Members:

1. _____	4. _____	7. _____
2. _____	5. _____	8. _____
3. _____	6. _____	9. _____

## Note:

- Fill-up form completely and fax back to us for approval through our hotline. We will then fax this back to you as soon as we have given approval and made arrangements for your visit.
- Please present this ocular inspection form to the front desk upon entry and to the staff who will assist you in going around the resort.
- Your group shall be allowed an ocular inspection of our facilities and are hereby permitted to take pictures or video shots of our facilities that can be used as a presentation report of your ocular visit to our venue.
- ***WE RESERVE THE RIGHT TO CHARGE ENTRANCE FEES TO GUESTS MAKING AN OCULAR OF THE RESORT W/O AN APPROVED OCULAR GATE PASS.***

APPROVING OFFICER:

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