

# OCULAR VISIT FORM



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 the information required and the form faxed back to us at (63-2) 671-8533 or at (047) 232-4446.*
- *Confirmation will be sent to you through fax.*
- *Keep a copy of the confirmation form and present it to the Front Desk upon arrival.*
- *Photos and videos may be taken under certain restrictions.*
- *Ocular inspections made without prior approval will be charged appropriately.*

**APPROVING OFFICER:**

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