

REQUEST FOR ACCESS BADGE

Contact details (of the card holder)

Company :	Telephone number :
Building / floor :	E-mail :
Last name :	Direct telephone number :
First name :	Function :

Card requirements

Reason for the request : <input type="checkbox"/> New card <input type="checkbox"/> Replacement Old card n° : _____ <input type="checkbox"/> Replacement of the faulty card enclosed
Hours : <input type="checkbox"/> 24h / 24h <input type="checkbox"/> Requested hours : _____
Parking : <input type="checkbox"/> yes Parking space n° : Level : <input type="checkbox"/> no
Payment (CHF 20.00, excluding VAT) : <input type="checkbox"/> invoice to address : _____ _____ _____ _____
Name of person requesting : _____
Date : _____ Stamp/Signature : _____

Reserved for WTCL

Invoice n° : Badge n° :	Delivery date : Signature :
----------------------------	--------------------------------