



EVALUATIONS AND REGISTRATION DIVISION

MEETING REQUEST FORM

Part A: TO BE COMPLETED BY THE CLIENT

Name.....

Company.....

Telephone/Cellphone Number.....

E-mail.....

Officer requested Dr/Mr/Mrs/Ms.....

Proposed date and time of meeting (Tuesdays and Fridays only).....

If meeting request is urgent (outside meeting days) give reason(s) and proposed date .....

State the agenda of the meeting in point form below;

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Signature Date Time



**Part B: TO BE COMPLETED BY THE REGULATORY OFFICER**

Meeting request granted: Yes  Date..... Time.....

(tick where applicable) No  Reason.....

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Date outcome of request was communicated to client .....

(to be completed by Receptionist)

**SUMMARY OF MEETING WITH CLIENT, WITH EMPHASIS ON THE AGENDA** (state action plan or any guarantees given to client)

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**Other attendants**

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Name Signature Date Time