

## SBITC VISITOR'S FORM

### I. VISIT DETAILS (To be filled-out by the Requesting Party)

1. SPONSOR'S NAME (From SBITC): \_\_\_\_\_

2. PURPOSE OF THE VISIT:

- Terminal Port Tour       Client Meeting/s       Contractor  
 SBMA/BOC/BOQ       Supplier       Others (Specify): \_\_\_\_\_

3. REQUESTED DATE: \_\_\_\_\_

a) Start Time: \_\_\_\_\_

b) End Time: \_\_\_\_\_

4. COMPANY NAME: \_\_\_\_\_

5. VISITOR'S DETAIL (use additional forms as needed, maximum of 18 guests):

| No. | Name | Position | Contact number |
|-----|------|----------|----------------|
| 1   |      |          |                |
| 2   |      |          |                |
| 3   |      |          |                |
| 4   |      |          |                |
| 5   |      |          |                |

6. VEHICLE'S DETAIL:

| NO. | TYPE/MODEL | COLOR | PLATE NUMBER |
|-----|------------|-------|--------------|
|     |            |       |              |
|     |            |       |              |

7. ITENERARY: (please check your requirement)

- New Admin Building       Yard (including berth area)  
 CFS       Others (specify) \_\_\_\_\_

### II. SECURITY & SAFETY REGULATIONS

- Present this form at SBITC Admin Gate SENTRY;
- Follow safety protocols before entering the facility;
- Security verifications will be conducted at rendezvous points (Admin, East and West Gate);
- Only those listed on the visitor's form will be allowed to enter unless a new form is filled for that particular person who is not included in the list and endorsed by SBITC sponsor;
- Security reserves the right to search the vehicle and adapt all other security responses as deemed necessary;
- Nobody under the influence of liquor and/or drug will be permitted to enter the terminal.
- Carrying of deadly weapons is not allowed;
- Visitor's own Security Vehicle Escorts are not allowed inside the terminal.
- Wear the provided PPEs while inside the terminal;
- In case of delays on arrival or any changes on the requested visit, SBITC Management must be officially advised;



**III. CERTIFICATION** *(To be signed by the Requesting Party)*

THIS IS TO CERTIFY THAT THE REQUESTING PARTY IS DULY INFORMED OF THE ABOVE-CITED REGULATIONS AND HAS SIGNIFIED HIS/HER COMMITMENT OF ADHERANCE BY AFFIXING HIS/HER SIGNATURE BELOW.

**UNDERTAKING:**

*I hereby certify that the information I have given is true and correct. I shall comply with all the guidelines issued by the Department of Health (DOH) on **COVID-19** and SBITC HSSE (Health Safety Security & Environment) protocol. I understand that my personal information is protected by **RA 10173, Data Privacy Act of 2012** and that this form will be destroyed after 30 days from the date of accomplishment, following the National Archives of the Philippines protocol.*

\_\_\_\_\_  
*Signature over Printed Name*

**IV. APPROVAL AND ACKNOWLEDGMENT** *(To be signed by Concerned Departments)*

1. **Approved by:** \_\_\_\_\_ **Date :** \_\_\_\_\_
2. **Activity acknowledged by:**
  - a) **HSSE Section :** \_\_\_\_\_ **Date:** \_\_\_\_\_
  - b) **Others:** \_\_\_\_\_ **Date:** \_\_\_\_\_