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BOOKING OF GALLERY VIP LOUNGE / MEETING ROOM

APPLICANT'S NAME :
 STAFF NO :
 DESIGNATION :
 CONTACT NO :
 K/C/D/I/O :

Venue	No. of Participants	Date of Event		Time	
		From	To	From	To
VIP Lounge					
Meeting Room					

Applicant's Signature:

Approval by the K/C/D/I/O approving Authority:

.....

.....

Name :

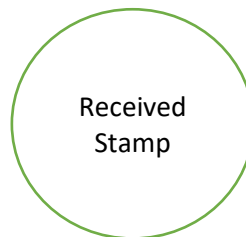
Name :

Date :

Date :

FOR OFFICE USE ONLY

I hereby APPROVE / DISAPPROVE this application.



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Name :

Remarks :

Date :