



PLEASE NOTE

A minimum of three business days' notice is required to obtain access to SAHMRI.

You will receive an answer to your request within 48 hours of SAHMRI receiving this form.

SAHMRI Access Request Form

Contact Details

Name of Contact Person: _____ Company Name: _____

Phone No: _____ Email Address: _____

Date of Access Request: _____

Time/Length of access required: _____

What locations within SAHMRI do you require access to? (Please tick one or more of the below)

Exterior Auditorium (Level 3) Level 4 Plaza/Cafe Atrium/Foyer (Level 3)

Laboratories (If so, which ones?) _____

Other _____

Where is the vision/photos being used?

For what purpose is the vision/photos being used?

Further details/comments