



CARD ACCESS/KEYS ROOM REQUEST FORM	FOR OFFICE USE ONLY	
	REF NO.	DATE: TIME:
		RECEIVED BY:
APPLICANT		
Name of Principle Investigator: Tel: HP: Email: Signature & Stamp:		Address of Principle Investigator: IACUC NO:
Project Title: Room No:		
Name of Student/Staff/Visitor: Matric No./Staff ID/Passport No.: HP: Email:		
TO BE FILLED BY ARF ADMINISTRATION ONLY		
Approved Period: Starting Date: _____ Ending Date: _____ Signature & Stamp:		
CARD ACCESS REGULATIONS		
Please give one copy of your staff ID/Matric ID.: Touch 'n Go Card can also be used as access card (after activated by our staff) Note: For more information, please refer to SOP: FPV/ARF/SOP001 - ACCESS TO ANIMAL RESEARCH FACILITY (ARF)		