

School of Physical and Mathematical Science

Reg. No. 200604393R

LOCATION PERMISSION FORM

(insert name of producers/production company and address and title of project)

I								the	duly	auth	orized	persoi	n of
					(name	e of	loca	tion)	_		mission names	
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Address 													
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Date:													

Witnessed by:	
NRIC:	Signature
Address	
Tel/HP:	
Date	
I am a parent (guardian) of the minor who and I will be bound by all the provisions.	has signed this release and I agree that the mino
Name :	NRIC:
Address:	
Contact No.:	Signature:
Date:	