

## SBCPOL-06-F1-Press Conference Request Form

REQUESTEE DETAILS				
Requesting Officer Name			Email Address	
Job or Function Title			Mobile Number	
Entity Name			Work Number	
Postal Address			Signature	
PRESS CONFERENCE	DETAILS			
Reason(s) for Press Conference				
Expected Duration			Time	
Requesting to air Live?			Date	
Moderator Available?			Location	
Topic(s):				
APPROVAL (Internal)				
Appro	<b>ove</b> d	Live		Delayed Live
Name:	Signature:			
Deputy Chief Executive Officer: (Or designated deputising Officer)				
Date:				

This form can be filled-in, **signed**, and emailed electronically to: <u>deputy.ceo@sbc.sc</u> For further information, please email or call 4289711

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 Issue:
 1.0
 Date:
 05-May-2021