



## 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	
<b>Topic(s):</b>			
APPROVAL (Internal)			
Approved		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: [Deputy.Ceo@sbc.sc](mailto:Deputy.Ceo@sbc.sc)  
For further information, please email [Deputy.Ceo@sbc.sc](mailto:Deputy.Ceo@sbc.sc) or call 4289711.