

## VISITING THE SITECH Sp. z o.o. FACTORY APPLICATION FORM

Please send the completed application form with a personal list of participants to our address:

SITECH Sp. z o.o., ul. Strefowa 2, 59-101 Polkowice

or

[wioletta.cichla@pl.sitech-automotive.com](mailto:wioletta.cichla@pl.sitech-automotive.com)

### FACTORY TOUR

Date:	Time:	Telephone number:
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### GROUP INFORMATION

Group's name:	Number of participants:
Address:	Language:
Group supervisor:	Telephone:
ID number:	
Insurance company name:	Policy number:

Place, date

Group Supervisor's signature