**FORM 1B: WORKER PASS & OVERTIME WORK REGISTRATION**

**(For non-official contractor only)**

Deadline: 20/9/2019

**Worker pass**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Description** | **Unit Price (USD)** | **Quantity** | Amount (USD) |
| **I** | **Worker pass** | 5.00/pass |  |  |

**Overtime work** *(From 18h00 to 08h00)*

*All the orders should be submitted before 6 hour*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date/Time** | | **Quantity**  **( hour)** | **Unit price (USD)** | **Amount**  **( USD)** |
| ……/…../2019 | *From* ….h…. *to* ….h…. |  | 66.0 USD/hour/booth |  |
| ……/…../2019 | *From* ….h…. *to* ….h…. |  |  |
| ……/…../2019 | *From* ….h…. *to* ….h…. |  |  |

1. All orders must be accompanied with full payment **to CAPITAL EXHIBITION SERVICES JOINT STOCK COMPANY** at Viet Nam Technological and Commercial Join-stock Bank (TECHCOMBANK), Bank account: 108.20421726.02.2 (USD) or 108.20421726.01.4 (VND), SWIFT Code: VTCB VN VX, address: 97 Tran Hung Dao Street, Hoan Kiem Distric, Ha Noi City. The payments are non-refundable.
2. The number of worker pass is given free according to the size of booth. For additional worker pass, please fill in the form.
3. All the orders should be submitted before the expiry dates (05 days before the opening day). Exhibitors will be responsible for managing their own workers.
4. Contractors are not allowed to set up without the permission of Management board of I.C.E Hanoi
5. **The prices are not included VAT 10%.**

## CONFIRMED & ACCEPTED BY

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Booth No:\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Emaill: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: …./…./2019

*Please make a copy & return this form to*: Ms. Huong

*Tel: (84.24) 38345655*

*Email: huongnt@vefac.vn*