

# SAJIB CHEMICAL CO. LTD.

Cosmetics & Toiletries

## Monthly Visit Plan

Name : ..... Designation: .....

Base Town : ..... Month: .....

| Date | Day | Morning | Startin<br>g Point | Afternoon/<br>Evening | Startin<br>g point | Remark<br>(HQ/Ex-<br>HQ/OS) |
|------|-----|---------|--------------------|-----------------------|--------------------|-----------------------------|
| 01/  |     |         |                    |                       |                    |                             |
| 02/  |     |         |                    |                       |                    |                             |
| 03/  |     |         |                    |                       |                    |                             |
| 04/  |     |         |                    |                       |                    |                             |
| 05/  |     |         |                    |                       |                    |                             |
| 06/  |     |         |                    |                       |                    |                             |
| 07/  |     |         |                    |                       |                    |                             |
| 08/  |     |         |                    |                       |                    |                             |
| 09/  |     |         |                    |                       |                    |                             |
| 10/  |     |         |                    |                       |                    |                             |
| 11/  |     |         |                    |                       |                    |                             |
| 12/  |     |         |                    |                       |                    |                             |
| 13/  |     |         |                    |                       |                    |                             |
| 14/  |     |         |                    |                       |                    |                             |
| 15/  |     |         |                    |                       |                    |                             |
| 16/  |     |         |                    |                       |                    |                             |
| 17/  |     |         |                    |                       |                    |                             |
| 18/  |     |         |                    |                       |                    |                             |
| 19/  |     |         |                    |                       |                    |                             |
| 20/  |     |         |                    |                       |                    |                             |
| 21/  |     |         |                    |                       |                    |                             |
| 22/  |     |         |                    |                       |                    |                             |
| 23/  |     |         |                    |                       |                    |                             |
| 24/  |     |         |                    |                       |                    |                             |
| 25/  |     |         |                    |                       |                    |                             |
| 26/  |     |         |                    |                       |                    |                             |
| 27/  |     |         |                    |                       |                    |                             |
| 28/  |     |         |                    |                       |                    |                             |
| 29/  |     |         |                    |                       |                    |                             |
| 30/  |     |         |                    |                       |                    |                             |
| 31/  |     |         |                    |                       |                    |                             |

Submitted by

Date

Recommended

Date

Approved

Date