# **Private Security Business Licence**

**Transition Licence Application** 

### **Instruction Pages**

Please review the Instruction Pages before submitting your form.

### How do I complete this form?

- You must complete this form in an Adobe Acrobat Browser or download and complete the form in the Adobe Acrobat Application.
- Fill out the form on your phone/tablet/computer by typing in the text fields, completing the required tick boxes and applying an electronic signature.

#### How do I send this form?

• Email your form and all attachments to:



Email Address: <u>LRD-PrivateSecurity-MGR@police.vic.gov.au</u> Subject Line: Private Security Business Registration Transition

If you have any queries about your application, visit our website at <u>www.police.vic.gov.au</u> or contact Licensing and Regulation Division.

### **Fingerprint Requirement**

You must have your fingerprints taken for the purpose of obtaining a Private Security Licence. All Related People (including Nominated Officers and Close Associates) must also be fingerprinted as part of a Private Security Business Licence application.

Note: You do not need to have your fingerprints taken if you hold a current Private Security Licence or have previously had your fingerprints taken in relation to a current Private Security Business Licence for which your involvement remains.

Fingerprints can be taken at the Docklands location or at a number of regional fingerprinting locations throughout Victoria. Visit our website at <u>police.vic.gov.au/fingerprinting</u> to make an appointment. Your licence application will not be approved until you have had your fingerprints taken.



VICTORIA POLICE

| (Offic | e use | e only | )    |
|--------|-------|--------|------|
| Licen  | ce Nu | mber   | Issu |
|        |       |        |      |

# Private Security Business Licence

Transition Licence Application

## Part 1 - Type of Application

| Section 1 - Business Registrat<br>Please provide your Private Secu    |                                | lumber in the field bel | ow.              |             |
|---|--------------------------------|-------------------------|------------------|-------------|
| Business Registration Number:   | -                              | Expiry Date:            |                  |             |
| Section 2 - Business Type<br>Please confirm the type of Busine        | ess you manage below.          |                         |                  |             |
| Body Corporate  | s s                            | Sole Trader             |                  | Partnership |
| Section 3 - Security Activities<br>Please select the Activities you a | re transitioning into your nev | v licence.              |                  |             |
|   | Security Equipment Installer   |                         | Security Advisor |             |
|   |                                |                         |                  |             |

### Part 2 - Fingerprints for the Nominated Person

| Section 4 - Nominated Person<br>Please provide your Fingerprint Bo                                   | Fingerprints<br>king Details for the purpose of obtaining a Private Security Licence. |  |  |  |  |
|--|---|--|--|--|--|
| Booking Reference Number:  |   |  |  |  |  |
| Fingerprint Appointment Date:  |   |  |  |  |  |
| Fingerprint Requirements   |   |  |  |  |  |
| Refer to the Instruction Pages included in this application, pertaining to Fingerprint Requirements. |   |  |  |  |  |

## Part 3 - Business Information

| Section 5 - Nominate<br>You are required to pr | <br> | -  | - | <br> | <br>Nomi | nated | l Per | son ( | of the | Bus | ines | S. |  |  |  |
|--|------|----|---|------|----------|-------|-------|-------|--------|-----|------|----|--|--|--|
| Family Name:                                   |      |    |   |      |          |       |       |       |        |     |      |    |  |  |  |
| First Given Name:                              |      |    |   |      |          |       |       |       |        |     |      |    |  |  |  |
| Second Given Name:                             |      |    |   |      |          |       |       |       |        |     |      |    |  |  |  |
| Third Given Name:                              |      |    |   |      |          |       |       |       |        |     |      |    |  |  |  |
| Date of Birth:                                 |      | ]/ |   | /    |          |       |       |       |        |     |      |    |  |  |  |

# Part 3 - Business Information (Continued)

| Section 6 - Business Details<br>You are required to provide the deta | ails of the | Registered   | d Busine | SS.         |            |                   |            |             |  |
|--|-------------|--------------|----------|-------------|------------|-------------------|------------|-------------|--|
| Registered Company Name:   |             |              |          |             |            |                   |            |             |  |
|  |             |              |          |             |            |                   |            |             |  |
|  |             |              |          |             |            |                   |            |             |  |
|  |             |              |          |             |            |                   |            |             |  |
| Australian Business Number: (ABN)                                    | · · ·       |              | Au       | ıstralian C | company Nu | umber: ( <i>i</i> | ACN)       | - I - I     | · · ·  |
|  |             |              |          |             |            |                   |            |             |  |
| Registered Business Name:  |             |              |          |             |            |                   |            |             |  |
|  |             |              |          |             |            |                   |            |             |  |
|  |             |              |          |             |            |                   |            |             |  |
|  |             |              |          |             |            |                   |            |             |  |
|  |             |              |          |             |            |                   |            |             |  |
| Section 7 - Business Address<br>You are required to provide your Bu  | isiness Ac  | ddress Info  | rmation. |             |            |                   |            |             |  |
| Property Name: (if applicable)                                       |             |              |          |             |            |                   |            |             |  |
|  |             |              |          |             |            |                   |            |             |  |
|  | 0           |              |          |             |            |                   | Number     |             |  |
| Flat / Unit Number:  |             | Number:      |          |             |            |                   | Number:    |             |  |
|  | /           |              |          |             |            | /                 |            |             |  |
| Street Name:   |             |              |          |             |            |                   |            |             |  |
|  |             |              |          |             |            |                   |            |             |  |
| Street Type:   |             | own / Suburb | :        |             |            |                   |            |             |  |
|  |             |              |          |             |            |                   |            |             |  |
| State: Postcode:   |             | I            |          |             |            |                   |            | II          |  |
|  |             |              |          |             |            |                   |            |             |  |
|  |             |              |          |             |            |                   |            |             |  |
| Is your Postal Address the same as yo                                |             |              |          |             | _          |                   |            |             |  |
| Yes Go to Section 9 - Business                                       | Contact D   | etails       |          | N           | lo 🔄 Go    | to <b>Secti</b>   | on 8 - Pos | tal Address |  |
| Section 8 - Postal Address   |             |              |          |             |            |                   |            |             |  |
| You are required to provide your Po                                  | stal Addre  | ess Informa  | ation.   |             |            |                   |            |             |  |
| GPO Box  | PO Box      | Locked       | н Вал Г  | Private     | e Bag      | RSD               |            | 3           |  |
|  |             |              |          |             |            |                   |            | ,<br>       |  |
| Box / Bag / Number:  |             |              |          |             |            |                   |            |             |  |
|  |             |              |          |             |            |                   |            |             |  |
| Flat / Unit / Lot Number:  | Street N    | Number:      |          |             |            |                   |            |             |  |
|  | / [_        |              |          |             |            |                   |            |             |  |
| Street Name:   |             |              |          |             |            |                   |            |             | - <u>                                     </u> |
|  |             |              |          |             |            |                   |            |             |  |
| Street Type:   |             | own / Suburb | :        |             | I          |                   |            |             | <br>   |
|  |             |              |          |             |            |                   |            |             |  |
| State: Postcode:   |             |              |          |             |            | I                 |            |             |  |
|  |             |              |          |             |            |                   |            |             |  |
|  |             |              |          |             |            |                   |            |             |  |

## Part 3 - Business Information (Continued)

| Section 9 - Business Contact Deta<br>You are required to provide the conta | nils<br>act details of the Registered Business. |
|--|---|
| Work Contact Number:   | Mobile Contact Number:                          |
|  |   |
| One Email Address:   |   |
|  |   |
|  |   |
|  |   |

## Part 4 - Statement of Related People

|           | <b>10 - Statement of Related People</b><br>complete the included documents attached at the end of this application.  |  |  |  |  |
|-----------|--|--|--|--|--|
|           | Statement of Related People  |  |  |  |  |
|           | I in this application is a "Statement of Related People" section, that requires you to list the following information for all Close tes, Nominated Officers and Other Related Peoples: |  |  |  |  |
| 1.        | Relationship to the Business.  |  |  |  |  |
| 2.        | Personal Information (Name and Date of Birth).   |  |  |  |  |
| 3.        |  |  |  |  |  |
| This info | ormation must be provided, in order to transition your Business Registration to a Business Licence.  |  |  |  |  |

# Part 5 - Medical History for the Nominated Person

| Section 11 - Medical Suitability<br>You are required to complete every question in this section. |     |      |
|--|-----|------|
| Question 1   |     |      |
| In the past 5 years, have you been treated for any psychiatric or psychological conditions?      | Yes | No 🗌 |
| Question 2   |     |      |
| In the past 5 years, have you been treated for any alcohol or drug dependence problems?          | Yes | No 🗌 |
| Question 3   |     |      |
| In the past 5 years, have you been treated for any serious impairment of eyesight?               | Yes | No 🗌 |
| Question 4   |     |      |
| In the past 5 years, have you been treated for any fits, dizziness or blackouts?                 | Yes | No 🗌 |
|  |     |      |

## Part 5 - Medical History for the Nominated Person (Continued)

| Section 11 - Medical Suitability<br>You are required to complete every question in this section.  |  |      |
|---|--|------|
| Question 5  |  |      |
| In the past 5 years, have you been treated for any head injuries?   | Yes  | No 🗌 |
| <ul> <li>If you have answered '<u>Yes</u>' to one or more of the above questions, you <u>must</u> obtain The medical report must include:</li> <li>Be legible and written on a registered medical doctor's letterhead by a micondition(s);</li> <li>Outline the medical condition(s) for which you are being, or have been, the State whether, in his/her professional opinion, your medical condition(s) to hold a private security licence for the security activities being renewed</li> <li>Be signed and dated by the relevant registered medical practitioner.</li> </ul> | nedical doctor who has treated you for th<br>reated;<br>do or do not prevent you from being a fi |      |

# Part 6 - Previous History for the Nominated Person

| <b>Section 12 - Criminal History</b><br>You are required to complete every question in this section.  |     |      |  |  |  |  |
|---|-----|------|--|--|--|--|
| Question 1  |     |      |  |  |  |  |
| Have you (the nominated officer), or any officers or close associates of the body corporate, ever been convicted of any offence in Australia or overseas (not including traffic charges)?   | Yes | No 🗌 |  |  |  |  |
|   |     |      |  |  |  |  |
| Question 2  |     |      |  |  |  |  |
| Have you (the nominated officer), or any officers or close associates of the body corporate, ever been found guilty of any offence in Australia or overseas (not including traffic charges)?  | Yes | No 🗌 |  |  |  |  |
|   |     |      |  |  |  |  |
| Question 3  |     |      |  |  |  |  |
| Do you (the nominated officer), or any officers or close associates of the body corporate, have any charges pending against you (not including traffic charges)?  | Yes | No 🗌 |  |  |  |  |
|   |     |      |  |  |  |  |
| If you have answered ' <u>Yes</u> ' to any of the questions above on behalf of yourself (the nominated offic body corporate, please attach a separate document to this application listing the following details for each offence/charge: |     |      |  |  |  |  |
| <ul> <li>The name and relationship to the business of the relevant person;</li> </ul>   |     |      |  |  |  |  |
| • The date of the court case, or date of the charge if the matter is yet to be heard;   |     |      |  |  |  |  |
| <ul> <li>The court at which the matter was heard (if applicable);</li> <li>The offence involved; and</li> </ul>   |     |      |  |  |  |  |
| <ul> <li>The result of the case (please write 'Pending' if the matter is yet to be heard).</li> </ul>   |     |      |  |  |  |  |

## Part 6 - Previous History for the Nominated Person (Continued)

| Section 13 - Bankruptcy Details<br>You are required to complete every question in this section.   |
|---|
| Question 4  |
| Have you (the nominated officer), or any officers or close associates of the body corporate, ever been declared bankrupt?   |
|   |
| Question 5  |
| Are you (the nominated officer), or any officers or close associates of the body corporate, currently insolvent or under administration?  |
|   |
| If you have answered ' <u>Yes</u> ' to either of the questions above on behalf of yourself (the nominated officer), or any officer or close associate of the body corporate, please attach a separate document to this application listing the following details for each person to whom it is relevant for each offence/charge:  |
| <ul> <li>The name and relationship to the business of the relevant person;</li> <li>The details of the bankruptcy or insolvency (this must include the date of bankruptcy and date of annulment of or discharge from bankruptcy if applicable); and should include documentation such as a letter from an accountant detailing the bankruptcy and the current financial viability; or documentation from the insolvency and Trustee Service Australia.</li> </ul> |

## Part 7 - Acknowledgement for the Nominated Person

| Section 14 - Acknowledgement by the Nominated Person<br>You must sign and date to confirm that all the information you have supplied is true and correct.  |
|--|
| I declare that I have checked all particulars listed in this document including the <b>Statement of Related People List</b> and have made any necessary amendments to ensure all details are true and correct.   |
| I acknowledge that <b>the particulars in this application and any attachments</b> are true and correct and I make this acknowledgement knowing that it is an offence against section 135 of the <i>Private Security Act 2004</i> to willfully make a statement or supply details that are false or misleading or omit to furnish any required particulars (maximum penalty of 60 penalty units).   |
| Applicants Name:   |
| Date:  |
| Privacy Statement: The personal and health information requested is being collected and used by Victoria Police for the purposes of assessment of an application for a licence, permit or approval. It will be used in accordance with relevant legislation, including the <i>Firearms Act</i> 1996, <i>Private Security Act</i> 2004, <i>Control of Weapons Act</i> 1990, <i>Health Records Act</i> 2001 and the <i>Privacy and Data Protection Act</i> 2014. The information may be disclosed to employers, approved bodies and other statutory authorities for the purposes of law enforcement and the administration of justice. To gain access to personal and health information held by Victoria Police, you must apply in writing to the Freedom of Information Division of Victoria Police, at <u>www.police.vic.gov.au</u> . |

## Part 8 - Application Checklist

| ••   |
|--|
| Application Summary  |
| How do I complete my application?  |
| <ul> <li>Please refer to the Instruction Pages for more information on how to finalise and submit your application.</li> <li>Prepare all supporting documents listed in the below Application Checklist.</li> <li>You must sign and date the Acknowledgement Section.</li> </ul> |
| Certificate of Currency  |
| A certificate of currency for Public Liability Insurance for the business.   |
| Membership of an Approved Industry Organisation  |
| A copy of your current Membership of an Approved Industry Organisation (if applicable)   |
|  |
| Appointment of Officers (Body Corporate)   |
| A certified copy of a document that verifies the appointment of the officers of the body corporate from the Australian Securities and Investments Commission.  |
| Statement of Related People List (Included in this application)  |
| A completed Statement of Related People List that provides the details for all Close Associates, Nominated Officers and Other Related Peoples.   |
|  |
| End of Application   |
|  |
| How do I make payment?   |
| Do not send any payment with your application.   |
| A Payment Notice will be sent with a total fee that includes a non-refundable administration fee.  |
| <ul> <li>If your application is abandoned, withdrawn or refused, you will receive a refund for the licence fee, but not for the administration<br/>fee. All application fees are GST exempt.</li> </ul>  |
| • For a schedule of fees, contact Licensing & Regulation Division or visit our website <u>Service fees and penalties</u> .   |



VICTORIA POLICE

# Statement of Related People

Nominated Officer(s), Close Associate(s), Staff and Fingerprint Details

### **Instruction Pages**

### How do I complete this section of the form?

You are required to list the following information for all Close Associates, Nominated Officers and Other Related Peoples of your business:

- 1. Relationship to the Business.
- 2. Personal Information (Name, Date of Birth and Address).
- 3. Fingerprint Requirement Information.

This information must be provided, in order to transition your Business Registration to a Business Licence.

#### **Fingerprint Requirement**

All Related People (including Nominated Officers and Close Associates) must also be fingerprinted as part of a Private Security Business Licence application.

Note: You do not need to have your fingerprints taken if you hold a current Private Security Licence or have previously had your fingerprints taken in relation to a current Private Security Business Licence for which your involvement remains.

Fingerprints can be taken at the Docklands location or at a number of regional fingerprinting locations throughout Victoria. Visit our website at <u>police.vic.gov.au/fingerprinting</u> to make an appointment. Your licence application will not be approved until you have had your fingerprints taken.

### What if I have more staff than the required sections provided?

You can still submit your form to LRD via email, however you will be required to include in the body of your email, the same information
requested in this section of the form.

# Officer(s) of the Body Corporate List

| Nominated Officer 1<br>Please provide all Pers | sonal Info                | rmatior | n and co | onfirn | natior | n of y | our l | inge | erprint | t boo      | king       | deta  | ils.  |     |  |  |  |
|--|---------------------------|---------|----------|--------|--------|--------|-------|------|---------|------------|------------|-------|-------|-----|--|--|--|
| Relationship:                                  |                           |         |          |        |        |        |       |      |         |            |            |       |       |     |  |  |  |
| Family Name:                                   |                           |         |          |        |        |        |       |      |         |            |            |       |       |     |  |  |  |
| First Given Name:                              |                           |         |          |        |        |        |       |      |         |            |            |       |       |     |  |  |  |
| Second Given Name:                             |                           |         |          |        |        |        |       |      |         |            |            |       |       |     |  |  |  |
| Third Given Name:                              |                           |         |          |        |        |        |       |      |         |            |            |       |       |     |  |  |  |
| Date of Birth:                                 |                           | /       |          | ]/     |        |        |       |      |         |            |            |       |       |     |  |  |  |
| Booking Reference Num                          | Booking Reference Number: |         |          |        |        |        |       |      |         |            |            |       |       |     |  |  |  |
|  |                           |         |          |        |        |        |       |      |         |            |            |       |       |     |  |  |  |
|  |                           |         |          |        |        |        |       |      |         |            |            |       |       |     |  |  |  |
|  |                           |         |          |        |        |        |       |      |         |            |            |       |       |     |  |  |  |
| Flat / Unit Number:                            |                           |         | Street N | umber  | :      |        |       |      |         |            | 1          | Lot N | Numbe | er: |  |  |  |
| Street Name:                                   |                           | /       |          |        |        |        |       |      |         |            | <b>_</b> / |       |       |     |  |  |  |
|  |                           |         |          |        |        |        |       |      |         |            |            |       |       |     |  |  |  |
| Street Type:                                   |                           |         |          | wn / S | uburb  |        |       |      |         |            |            |       |       |     |  |  |  |
| State: Po                                      | ostcode:                  |         | ]        |        |        |        |       |      |         |            |            |       |       |     |  |  |  |
|  |                           |         |          |        |        |        |       |      |         |            |            |       |       |     |  |  |  |
|  | GPO Box                   | Пр      | O Box    |        | _ockec | l Bag  |       | Priv | ate Ba  | ωΓ         | RS         | n [   |       | RMB |  |  |  |
| Box / Bag / Number:                            |                           |         |          |        |        | , Dug  |       | ]    |         | '9 <u></u> |            |       | '     |     |  |  |  |
|  |                           |         |          |        |        |        |       |      |         |            |            |       |       |     |  |  |  |
| Flat / Unit / Lot Number:                      |                           |         | Street N | umber  | :      |        |       |      |         |            | 7          |       |       |     |  |  |  |
|  |                           |         |          |        |        |        |       |      |         |            |            |       |       |     |  |  |  |
| Street Name:                                   |                           |         |          |        |        |        |       |      |         |            |            |       |       |     |  |  |  |
| Street Type:                                   |                           |         |          | wn / S | uburb  |        |       |      |         |            |            |       |       |     |  |  |  |
|  |                           |         |          |        |        |        |       |      |         |            |            |       |       |     |  |  |  |
| State: Pc                                      | ostcode:                  |         | ]        |        |        |        |       |      |         |            |            |       |       |     |  |  |  |

# Officer(s) of the Body Corporate List (Continued)

| Nominated Officer 2<br>Please provide all Per | sonal Infor | matio | n and o          | confirr | natior | ר of y | our F | -inge | erprin | t bool | king a | detai | ls.       |     |  |   |      |
|---|-------------|-------|------------------|---------|--------|--------|-------|-------|--------|--------|--------|-------|-----------|-----|--|---|------|
| Relationship:                                 |             |       |                  |         |        |        |       |       |        |        |        |       |           |     |  |   |      |
| Family Name:                                  |             |       |                  |         |        |        |       |       |        |        |        |       |           |     |  |   |      |
| First Given Name:                             |             |       |                  |         |        |        |       |       |        |        |        |       |           |     |  |   |      |
| Second Given Name:                            |             |       |                  |         |        |        |       |       |        |        |        |       |           |     |  |   |      |
| Third Given Name:                             |             |       |                  |         |        |        |       |       |        |        |        |       |           |     |  |   |      |
| Date of Birth:                                |             | /     |                  | ]/      |        |        |       |       |        |        |        |       |           |     |  |   |      |
| Booking Reference Num                         | ber:        |       |                  |         |        |        |       |       |        |        |        |       |           |     |  |   |      |
| Fingerprint Appointment                       | Date:       |       | /                |         |        | /      |       |       |        |        |        |       |           |     |  |   |      |
| Property Name: (if applic                     |             |       |                  |         |        |        |       |       |        |        |        |       |           |     |  |   |      |
| Property Name: (if applicable)                |             |       |                  |         |        |        |       |       |        |        |        |       |           |     |  |   |      |
| Flat / Unit Number:                           |             | ,     | Street I         | Numbe   | r:     |        |       |       |        |        |        | Lot N | umbe<br>I | er: |  |   |      |
|   |             | /     |                  |         |        |        |       |       |        |        | ]/     |       |           |     |  |   |      |
| Street Name:                                  |             |       |                  |         |        |        |       |       |        |        |        |       |           |     |  |   |      |
| Street Type:                                  |             |       | T                | own / S | Suburb |        |       |       |        |        |        |       |           |     |  |   |      |
|   |             |       |                  |         |        |        |       |       |        |        |        |       |           |     |  |   |      |
| State: Po                                     | ostcode:    |       | ]                |         |        |        |       | •     | •      |        |        | •     |           | •   |  | • |      |
|   |             |       |                  |         |        |        |       |       |        |        |        |       |           |     |  |   |      |
|   |             |       |                  |         |        |        |       | 1     |        |        | _      |       | _         |     |  |   |      |
|   | GPO Box     | P     | O Box            |         | Locked | l Bag  |       | Priva | ate Ba | ig     | RS     | D     |           | RMB |  |   |      |
| Box / Bag / Number:                           |             |       |                  |         |        |        |       |       |        |        |        |       |           |     |  |   |      |
| Flat / Unit / Lot Number:                     |             |       | Street I         | Numbe   | r:     |        |       |       |        |        |        |       |           |     |  |   |      |
|   |             | ]/    |                  |         |        |        |       |       |        |        |        |       |           |     |  |   |      |
| Street Name:                                  |             | /     |                  |         |        |        |       |       |        |        | ]      |       |           |     |  |   | <br> |
|   |             |       |                  |         |        |        |       |       |        |        |        |       |           |     |  |   |      |
| Street Type:                                  |             |       | ι Ι<br>Τ(<br>] Γ | own / S | Suburb | :      |       |       |        |        |        |       |           |     |  |   |      |
|   |             |       |                  |         |        |        |       |       |        |        |        |       |           |     |  |   |      |
| State: Po                                     | ostcode:    |       | ]                |         |        |        |       |       |        |        |        |       |           |     |  |   |      |
|   |             |       |                  |         |        |        |       |       |        |        |        |       |           |     |  |   |      |

# Officer(s) of the Body Corporate List (Continued)

| Nominated Officer 3<br>Please provide all Per                            | sonal Info                | ormatio | n and co   | onfirn        | natior   | ו of y | our F | inge  | rprin  | t bool     | king  | detai | ls.   |     |   |    |   |       |
|--|---------------------------|---------|------------|---------------|----------|--------|-------|-------|--------|------------|-------|-------|-------|-----|---|----|---|-------|
| Relationship:  |                           |         |            |               |          |        |       |       |        |            |       |       |       |     |   |    |   |       |
| Family Name:   |                           |         |            |               |          |        |       |       |        |            |       |       |       |     |   |    |   |       |
| First Given Name:  |                           |         |            |               |          |        |       |       |        |            |       |       |       |     |   |    |   |       |
| Second Given Name:   |                           |         |            |               |          |        |       |       |        |            |       |       |       |     |   |    |   |       |
| Third Given Name:  |                           |         |            |               |          |        |       |       |        |            |       |       |       |     |   |    |   |       |
| Date of Birth:   |                           | ]/[     |            | /             |          |        |       |       |        |            |       |       |       |     |   |    |   |       |
| Booking Reference Num  | Booking Reference Number: |         |            |               |          |        |       |       |        |            |       |       |       |     |   |    |   |       |
|  |                           |         |            |               |          |        |       |       |        |            |       |       |       |     |   |    |   |       |
| Fingerprint Appointment Date:     /       Property Name: (if applicable) |                           |         |            |               |          |        |       |       |        |            |       |       |       |     |   |    |   |       |
|  |                           |         |            |               |          |        |       |       |        |            |       |       |       |     |   |    |   |       |
| Flat / Unit Number:  |                           |         | Street N   | umber         | :        |        |       |       |        |            | 1     | Lot N | umbe  | er: |   |    |   |       |
|  |                           | /       |            |               |          |        |       |       |        |            | /     |       |       |     |   |    |   |       |
| Street Name:   |                           |         |            |               |          |        |       |       |        |            | -     |       |       |     |   |    |   |       |
|  |                           |         |            |               |          |        |       |       |        |            |       |       |       |     |   |    |   |       |
| Street Type:   |                           |         |            | <u>wn / S</u> | uburb:   |        |       |       |        |            |       |       |       |     |   |    |   |       |
| State: Pc  |                           |         |            |               |          |        |       |       |        |            |       |       |       |     |   |    |   |       |
|  | ostcode:                  |         | ]          |               |          |        |       |       |        |            |       |       |       |     |   |    |   |       |
|  |                           |         |            |               |          |        |       |       |        |            |       |       |       |     |   |    |   |       |
|  | GPO Box                   | Р       | O Box      |               | ocked    | l Baq  |       | Priva | ate Ba | a [        | ] RS  | ьΓ    | <br>F | RMB |   |    |   |       |
| Box / Bag / Number:  |                           |         |            |               |          |        |       |       |        | • <b>_</b> |       |       |       |     |   |    |   |       |
|  |                           |         |            |               |          |        |       |       |        |            |       |       |       |     |   |    |   |       |
| Flat / Unit / Lot Number:  |                           |         | Street N   | umber         | <u> </u> |        |       |       |        |            | _     |       |       |     |   |    |   |       |
|  |                           | ]/      |            |               |          |        |       |       |        |            |       |       |       |     |   |    |   |       |
| Street Name:   |                           | *       |            |               |          |        |       |       |        |            | J<br> |       |       |     |   |    |   |       |
|  |                           |         |            |               |          |        |       |       |        |            |       |       |       |     |   |    |   |       |
| Street Type:   |                           |         |            | wn / S        | uburb:   |        |       |       | <br>   |            | 1     | I     | I     |     |   |    |   | ]<br> |
|  |                           |         |            |               |          |        |       |       |        |            |       |       |       |     |   |    |   |       |
| State: Po  | ostcode:                  |         | - <u> </u> |               | I        |        |       |       |        | 1          | 1     | 1     | 1     | 1   | 1 | _1 | 1 |       |
|  |                           |         |            |               |          |        |       |       |        |            |       |       |       |     |   |    |   |       |
|  |                           |         |            |               |          |        |       |       |        |            |       |       |       |     |   |    |   |       |

# Officer(s) of the Body Corporate List (Continued)

| Nominated Officer 4<br>Please provide all Per   | sonal Informatior | n and confirmation of your Fingerprint booking details. |  |  |  |  |  |  |  |  |  |  |  |  |
|---|-------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|
| Relationship:   |                   |   |  |  |  |  |  |  |  |  |  |  |  |  |
| Family Name:  |                   |   |  |  |  |  |  |  |  |  |  |  |  |  |
| First Given Name:   |                   |   |  |  |  |  |  |  |  |  |  |  |  |  |
| Second Given Name:  |                   |   |  |  |  |  |  |  |  |  |  |  |  |  |
| Third Given Name:   |                   |   |  |  |  |  |  |  |  |  |  |  |  |  |
| Date of Birth:  |                   |   |  |  |  |  |  |  |  |  |  |  |  |  |
| Booking Reference Num   | ber:              |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                   |   |  |  |  |  |  |  |  |  |  |  |  |  |
| Fingerprint Appointment Date:       / <t< td=""></t<> |                   |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   | GPO Box           | O Box Locked Bag Private Bag RSD RMB                    |  |  |  |  |  |  |  |  |  |  |  |  |
| Box / Bag / Number:<br>Flat / Unit / Lot Number:<br>Street Name:<br>Street Type:  |                   | Street Number:  |  |  |  |  |  |  |  |  |  |  |  |  |
| State: Pc   | stcode:           |   |  |  |  |  |  |  |  |  |  |  |  |  |

| Close Associate 1<br>Please provide all Pers                   | sonal Info | ormatior | n and co  | onfirm  | natior | n of y | our F | inge  | rprint | : boo | king | deta  | ils.  |     |   |  |  |  |
|--|------------|----------|-----------|---------|--------|--------|-------|-------|--------|-------|------|-------|-------|-----|---|--|--|--|
| Relationship:  |            |          |           |         |        |        |       |       |        |       |      |       |       |     |   |  |  |  |
| Family Name:   |            |          |           |         |        |        |       |       |        |       |      |       |       |     |   |  |  |  |
| First Given Name:  |            |          |           |         |        |        |       |       |        |       |      |       |       |     |   |  |  |  |
| Second Given Name:   |            |          |           |         |        |        |       |       |        |       |      |       |       |     |   |  |  |  |
| Third Given Name:  |            |          |           |         |        |        |       |       |        |       |      |       |       |     |   |  |  |  |
| Date of Birth:   |            | ]/[      |           | /       |        |        |       |       |        |       |      |       |       |     |   |  |  |  |
| Booking Reference Number:                                      |            |          |           |         |        |        |       |       |        |       |      |       |       |     |   |  |  |  |
| Fingerprint Appointment Date:                                  |            |          |           |         |        |        |       |       |        |       |      |       |       |     |   |  |  |  |
| Fingerprint Appointment Date:   Property Name: (if applicable) |            |          |           |         |        |        |       |       |        |       |      |       |       |     |   |  |  |  |
|  |            |          |           |         |        |        |       |       |        |       |      |       |       |     |   |  |  |  |
| Flat / Unit Number:  |            |          | Street Nu | umber   | :      |        |       |       |        |       | 1.   | Lot N | lumbe | r:  |   |  |  |  |
|  |            | /        |           |         |        |        |       |       |        |       | ]/   |       |       |     |   |  |  |  |
| Street Name:   |            |          |           |         |        | T      |       |       |        |       |      |       |       |     |   |  |  |  |
| Street Type:   |            |          | Tov       | vn / Si | iburb. |        |       |       |        |       |      |       |       |     |   |  |  |  |
|  |            |          |           |         |        |        |       |       |        |       |      |       |       |     |   |  |  |  |
| State: Po  | stcode:    |          | J L       |         |        |        |       |       |        |       |      |       |       |     |   |  |  |  |
|  |            |          |           |         |        |        |       |       |        |       |      |       |       |     |   |  |  |  |
|  | GPO Box    | P        | O Box     |         | ocked  | Bag    |       | Priva | ate Ba | g 🗌   | RS   | D [   | R     | RMB |   |  |  |  |
| Box / Bag / Number:  |            |          |           |         |        |        |       |       |        |       |      |       |       |     |   |  |  |  |
|  |            |          | 04        |         |        |        |       |       |        |       |      |       |       |     |   |  |  |  |
| Flat / Unit / Lot Number:                                      |            | 1        | Street Nu | umber   |        |        |       |       |        |       | ]    |       |       |     |   |  |  |  |
| Street Name:   |            |          |           |         |        |        |       |       |        |       |      |       |       |     |   |  |  |  |
|  |            |          |           |         |        |        |       |       |        |       |      |       |       |     |   |  |  |  |
| Street Type:   |            |          |           | vn / Sı | uburb: |        |       |       |        |       |      |       |       |     | 1 |  |  |  |
|  |            |          |           |         |        |        |       |       |        |       |      |       |       |     |   |  |  |  |
| State: Po  | ostcode:   |          | ]         |         |        |        |       |       |        |       |      |       |       |     |   |  |  |  |
|  |            |          |           |         |        |        |       |       |        |       |      |       |       |     |   |  |  |  |

| Relationship:  | Close Associate 2<br>Please provide all Pers | sonal Info                    | rmation | and cor     | nfirmatio  | n of you | r Finge | erprint | book      | ing d | etails. |     |  |   |   |  |
|--|--|-------------------------------|---------|-------------|------------|----------|---------|---------|-----------|-------|---------|-----|--|---|---|--|
| First Given Name:  | Relationship:                                |                               |         |             |            |          |         |         |           |       |         |     |  |   |   |  |
| Second Given Name:   | Family Name:                                 |                               |         |             |            |          |         |         |           |       |         |     |  |   |   |  |
| Third Given Name:  | First Given Name:                            |                               |         |             |            |          |         |         |           |       |         |     |  |   |   |  |
| Date of Birth:   | Second Given Name:                           |                               |         |             |            |          |         |         |           |       |         |     |  |   |   |  |
| Booking Reference Number:  | Third Given Name:                            |                               |         |             |            |          |         |         |           |       |         |     |  |   |   |  |
| Fingerprint Appointment Date:       /       /       /       /       /         Property Name: (if applicable)       /       /       /       /       /       /         Flat / Unit Number:       Street Number:       Lot Number:       /       /       /       /       /         Street Name:       /       /       /       /       /       /       /       /         Street Name:       /       /       /       /       /       /       /       /         Street Name:       / <td>Date of Birth:</td> <td></td> <td>/</td> <td></td> <td>/</td> <td></td> | Date of Birth:                               |                               | /       |             | /          |          |         |         |           |       |         |     |  |   |   |  |
| Property Name: (if applicable)         Flat / Unit Number:         Street Name:         Lat / Unit Number:         Street Name:         Lat / Unit Number:         Street Name:         Lat / Unit Number:         Street Type:         Town / Suburb:         Lat / Unit / Lat Number:         Street Name:         Lat / Unit / Lat Number:         Street Name:   | Booking Reference Num                        |                               |         |             |            |          |         |         |           |       |         |     |  |   |   |  |
| Flat / Unit Number:       Street Number:       Lot Number:         Street Name:       /  | Fingerprint Appointment                      | Fingerprint Appointment Date: |         |             |            |          |         |         |           |       |         |     |  |   |   |  |
| Street Name:       / <t< td=""><td>Property Name: (if applic</td><td colspan="15"></td></t<>   | Property Name: (if applic                    |                               |         |             |            |          |         |         |           |       |         |     |  |   |   |  |
| Street Name:       / <t< td=""><td colspan="15">Property Name: (if applicable)</td></t<>   | Property Name: (if applicable)               |                               |         |             |            |          |         |         |           |       |         |     |  |   |   |  |
| Street Type:       Town / Suburb:         Street Type:       Town / Suburb:         State:       Postcode:         Street Number:       Street Number:         Street Number:       Street Number:         Street Name:       Street Number:         Street Type:       Town / Suburb:         Street Type:       Town / Suburb:  | Flat / Unit Number:                          |                               |         | Street Nur  | mber:      |          |         |         |           | L     | ot Numb | er: |  |   |   |  |
| Street Type:       Town / Suburb:         Street Type:       Town / Suburb:         State:       Postcode:         Street Number:       Street Number:         Street Number:       Street Number:         Street Name:       Street Number:         Street Type:       Town / Suburb:         Street Type:       Town / Suburb:  |  |                               | /       |             |            |          |         |         |           | /     |         |     |  |   |   |  |
| State:       Postcode:         State:       Postcode:         GPO Box       PO Box         Locked Bag       Private Bag         RMB         Box / Bag / Number:         Flat / Unit / Lot Number:       Street Number:         J       J         Street Name:         Street Type:       Town / Suburb:  | Street Name:                                 |                               |         |             |            |          |         |         |           |       |         |     |  |   |   |  |
| State:       Postcode:         State:       Postcode:         GPO Box       PO Box         Locked Bag       Private Bag         RMB         Box / Bag / Number:         Flat / Unit / Lot Number:       Street Number:         J       J         Street Name:         Street Type:       Town / Suburb:  | Street Type:                                 |                               |         | Том         | n / Suburb |          |         |         |           |       |         |     |  |   |   |  |
| GPO Box       PO Box       Locked Bag       Private Bag       RMB         Box / Bag / Number:  |  |                               |         |             |            |          |         |         |           |       |         |     |  |   |   |  |
| Box / Bag / Number:       Box / Bag / Number:       Flat / Unit / Lot Number:       Street Number:       /       Street Name:       Street Type:       Town / Suburb:  | State: Po                                    | ostcode:                      |         |             |            |          |         |         |           |       |         |     |  |   |   |  |
| Box / Bag / Number:       Box / Bag / Number:       Flat / Unit / Lot Number:       Street Number:       /       Street Name:       Street Type:       Town / Suburb:  |  |                               |         |             |            |          |         |         |           |       |         |     |  |   |   |  |
| Flat / Unit / Lot Number:       Street Number:         I       I         Street Name:         Street Type:         Town / Suburb:  |  | GPO Box                       | P(      | Box         | Locke      | d Bag    | Priva   | ate Bag | ,         | ] RSD |         | RMB |  |   |   |  |
| Street Name:   | Box / Bag / Number:                          |                               |         |             |            |          |         |         |           |       |         |     |  |   |   |  |
| Street Name:   |  |                               |         | Ofmo = 1 N1 |            |          |         |         |           |       |         |     |  |   |   |  |
| Street Type:         Town / Suburb:  |  |                               | /       |             |            |          |         |         |           |       |         |     |  |   |   |  |
| Street Type:         Town / Suburb:  | Street Name:                                 |                               | /       |             |            |          |         |         |           |       |         |     |  |   |   |  |
|  |  |                               |         |             |            |          |         |         |           |       |         |     |  |   |   |  |
| State:     Postcode:   | Street Type:                                 |                               |         | Tow         | n / Suburb | <br>:    |         |         |           |       |         |     |  | I |   |  |
| State: Postcode:   |  |                               |         |             |            |          |         |         |           |       |         |     |  |   |   |  |
|  | State: Pc                                    | ostcode:                      |         |             |            | · 1      |         | ·       | · · · · · | 1     |         | ·   |  | • | 1 |  |
|  |  |                               |         |             |            |          |         |         |           |       |         |     |  |   |   |  |

| Close Associate 3<br>Please provide all Per   | sonal Info | rmatior | n and c | onfirr | natio   | n of y | our F | inge | rprin  | t boo    | king | deta | ils. |     |  |      |  |
|---|------------|---------|---------|--------|---------|--------|-------|------|--------|----------|------|------|------|-----|--|------|--|
| Relationship:   |            |         |         |        |         |        |       |      |        |          |      |      |      |     |  |      |  |
| Family Name:  |            |         |         |        |         |        |       |      |        |          |      |      |      |     |  |      |  |
| First Given Name:   |            |         |         |        |         |        |       |      |        |          |      |      |      |     |  |      |  |
| Second Given Name:  |            |         |         |        |         |        |       |      |        |          |      |      |      |     |  |      |  |
| Third Given Name:   |            |         |         |        |         |        |       |      |        |          |      |      |      |     |  |      |  |
| Date of Birth:  |            | /       |         | ]/     |         |        |       |      |        |          |      |      |      |     |  |      |  |
| Booking Reference Num   | ber:       |         |         |        |         |        |       |      |        |          |      |      |      |     |  |      |  |
|   |            |         |         |        |         |        |       |      |        |          |      |      |      |     |  |      |  |
| Fingerprint Appointment Date:       / <t< td=""></t<> |            |         |         |        |         |        |       |      |        |          |      |      |      |     |  |      |  |
| Street Type:  |            |         | To      | wn / S | uburb   | <br>:  |       |      |        |          |      |      |      |     |  |      |  |
| State: Po   | ostcode:   |         | ] [     |        |         |        |       |      |        |          |      |      |      |     |  |      |  |
|   |            |         |         |        | - elver | Der    |       |      | ata Da | <u> </u> |      | חי   |      |     |  |      |  |
| Box / Bag / Number:<br>Flat / Unit / Lot Number:<br>Street Name:  | GPO Box    |         | O Box   |        | -ockeo  | i Bag  |       |      | ate Ba | ig [     |      | ן עי |      | RMB |  | <br> |  |
|   |            |         |         |        |         |        |       |      |        |          |      |      |      |     |  |      |  |
| Street Type:  |            |         | To      | wn / S | uburb   | :<br>  |       |      |        |          |      |      |      |     |  |      |  |
| State: Po   | ostcode:   |         | ]       |        |         |        |       |      |        |          |      |      |      |     |  |      |  |

| Close Associate 4<br>Please provide all Pers   | sonal In | formatic | n and  | confirm  | natior | ו of y | our F | inge  | rprint | boo | king | deta | ils. |     |  |  |  |
|--|----------|----------|--------|----------|--------|--------|-------|-------|--------|-----|------|------|------|-----|--|--|--|
| Relationship:  |          |          |        |          |        |        |       |       |        |     |      |      |      |     |  |  |  |
| Family Name:   |          |          |        |          |        |        |       |       |        |     |      |      |      |     |  |  |  |
| First Given Name:  |          |          |        |          |        |        |       |       |        |     |      |      |      |     |  |  |  |
| Second Given Name:   |          |          |        |          |        |        |       |       |        |     |      |      |      |     |  |  |  |
| Third Given Name:  |          |          |        |          |        |        |       |       |        |     |      |      |      |     |  |  |  |
| Date of Birth:   |          | ]/[      |        | ]/       |        |        |       |       |        |     |      |      |      |     |  |  |  |
| Booking Reference Num  |          |          |        |          |        |        |       |       |        |     |      |      |      |     |  |  |  |
| Booking Reference Number:   Fingerprint Appointment Date:   /   Property Name: (if applicable)                   |          |          |        |          |        |        |       |       |        |     |      |      |      |     |  |  |  |
|  |          |          |        |          |        |        |       |       |        |     |      |      |      |     |  |  |  |
|  | GPO Box  | ( 🗌 F    | PO Box | <u> </u> | _ocked | l Bag  |       | Priva | ate Ba | g [ | RS   | SD [ | F    | RMB |  |  |  |
| Box / Bag / Number:<br>Flat / Unit / Lot Number:<br>Street Name:<br>Street Type:<br>Street Type:<br>State:<br>Pc | ostcode: |          |        | Number   |        |        |       |       |        |     |      |      |      |     |  |  |  |
|  |          |          |        |          |        |        |       |       |        |     |      |      |      |     |  |  |  |

### **Other Related Staff**

| <b>Staff Member 1</b><br>Please provide all Per   | sonal Information             | and confirmation of your Fingerprint booking details. |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|-------------------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Relationship:   |                               |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Family Name:  |                               |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| First Given Name:   |                               |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Second Given Name:  |                               |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Third Given Name:   |                               |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date of Birth:  |                               |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Booking Reference Num   | ber:                          |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fingerprint Appointment   | Fingerprint Appointment Date: |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fingerprint Appointment Date:     /     /     /     /     /     /       Property Name: (if applicable)     /     /     /     /     /     /       Flat / Unit Number:     Street Number:     Lot Number:     /     /     /       Street Name:     /     /     /     /     /     /       Street Name:     /     /     /     /     /     /       Street Name:     /     /     /     /     /     /       Street Type:     Town / Suburb:     /     /     /     /       State:     Postcode:     /     /     /     / |                               |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | GPO Box                       | D Box Locked Bag Private Bag RSD RMB                  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Box / Bag / Number:<br>Flat / Unit / Lot Number:<br>Street Name:<br>Street Type:  |                               | Street Number:  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| State: Pc   | ostcode:                      |   |  |  |  |  |  |  |  |  |  |  |  |  |  |

# Other Related Staff (Continued)

| Staff Member 2<br>Please provide all Pers                        | sonal Infor   | mation | and co    | onfirn  | natior | n of y | our F | inge  | rprin  | t boo | king | deta | ils. |     |  |  |  |
|--|---|--------|-----------|---------|--------|--------|-------|-------|--------|-------|------|------|------|-----|--|--|--|
| Relationship:  |   |        |           |         |        |        |       |       |        |       |      |      |      |     |  |  |  |
| Family Name:   |   |        |           |         |        |        |       |       |        |       |      |      |      |     |  |  |  |
| First Given Name:  |   |        |           |         |        |        |       |       |        |       |      |      |      |     |  |  |  |
| Second Given Name:   |   |        |           |         |        |        |       |       |        |       |      |      |      |     |  |  |  |
| Third Given Name:  |   |        |           |         |        |        |       |       |        |       |      |      |      |     |  |  |  |
| Date of Birth:   |   | /      |           | /       |        |        |       |       |        |       |      |      |      |     |  |  |  |
| Booking Reference Num  | ber:  |        |           |         |        |        |       |       |        |       |      |      |      |     |  |  |  |
| Fingerprint Appointment  | Fingerprint Appointment Date:   |        |           |         |        |        |       |       |        |       |      |      |      |     |  |  |  |
| Flat / Unit Number:<br>Street Name:<br>Street Type:              | Street Name:     /     /     /     /     /       Street Name:     /     /     /     /     /       Street Type:     Town / Suburb:     /     /     / |        |           |         |        |        |       |       |        |       |      |      |      |     |  |  |  |
|  | GPO Box   | PC     | D Box     |         | ocked  | Bag    |       | Priva | ate Ba | ig 🗌  | R    | SD [ | F    | RMB |  |  |  |
| Box / Bag / Number:<br>Flat / Unit / Lot Number:<br>Street Name: |   | ]/[    | Street Nu |         |        |        |       |       |        |       |      |      |      |     |  |  |  |
| Street Type: State: Pc   | ostcode:  |        | Tov       | vn / Si | uburb: |        |       |       |        |       |      |      |      |     |  |  |  |

# Other Related Staff (Continued)

| Staff Member 3<br>Please provide all Pers  | sonal Info  | ormatior | and con    | firmatio  | n of your | Fingerp   | print boc | king de | etails. |     |   |  |  |  |  |
|--|---|----------|------------|-----------|-----------|-----------|-----------|---------|---------|-----|---|--|--|--|--|
| Relationship:  |   |          |            |           |           |           |           |         |         |     |   |  |  |  |  |
| Family Name:   |   |          |            |           |           |           |           |         |         |     |   |  |  |  |  |
| First Given Name:  |   |          |            |           |           |           |           |         |         |     |   |  |  |  |  |
| Second Given Name:   |   |          |            |           |           |           |           |         |         |     |   |  |  |  |  |
| Third Given Name:  |   |          |            |           |           |           |           |         |         |     |   |  |  |  |  |
| Date of Birth:   |   | ]/[      |            | /         |           |           |           |         |         |     |   |  |  |  |  |
| Booking Reference Num  | Booking Reference Number:     /       Fingerprint Appointment Date:     / |          |            |           |           |           |           |         |         |     |   |  |  |  |  |
|  | Fingerprint Appointment Date:   |          |            |           |           |           |           |         |         |     |   |  |  |  |  |
|  |   |          |            |           |           |           |           |         |         |     |   |  |  |  |  |
| Fingerprint Appointment Date:     Image: Property Name: (if applicable)     Flat / Unit Number:     Street Number:     Lot Number: |   |          |            |           |           |           |           |         |         |     |   |  |  |  |  |
| Street Name:   |   |          |            |           |           |           |           | ]/[     |         |     |   |  |  |  |  |
|  |   |          | T          |           |           |           |           |         |         |     |   |  |  |  |  |
| Street Type:   |   |          | Iown       | / Suburb  |           |           |           |         |         |     |   |  |  |  |  |
| State: Pc  | ostcode:  |          |            |           |           |           |           |         |         | 1 1 |   |  |  |  |  |
|  |   |          |            |           |           |           |           |         |         |     |   |  |  |  |  |
|  | GPO Box   | P P      | D Box      | Locked    | l Bag     | ] Private | e Bag     | RSD     | F       | RMB |   |  |  |  |  |
| Box / Bag / Number:  |   |          |            |           |           |           |           |         |         |     |   |  |  |  |  |
| Flat / Unit / Lot Number:  |   |          | Street Num | iber:     |           |           |           | _       |         |     |   |  |  |  |  |
|  |   | /        |            |           |           |           |           |         |         |     |   |  |  |  |  |
| Street Name:   |   |          |            |           |           |           |           |         |         |     |   |  |  |  |  |
| Street Type:   |   |          | Town       | / Suburb: |           |           |           |         |         |     | I |  |  |  |  |
| State: Po  | ostcode:  |          |            |           |           |           |           |         |         |     |   |  |  |  |  |
|  |   |          |            |           |           |           |           |         |         |     |   |  |  |  |  |

# Other Related Staff (Continued)

| <b>Staff Member 4</b><br>Please provide all Personal Information and confirmation of your Fingerprint booking details.   |          |   |            |       |        |  |  |  |   |       |     |  |  |  |  |
|--|----------|---|------------|-------|--------|--|--|--|---|-------|-----|--|--|--|--|
| Relationship:  |          |   |            |       |        |  |  |  |   |       |     |  |  |  |  |
| Family Name:   |          |   |            |       |        |  |  |  |   |       |     |  |  |  |  |
| First Given Name:  |          |   |            |       |        |  |  |  |   |       |     |  |  |  |  |
| Second Given Name:   |          |   |            |       |        |  |  |  |   |       |     |  |  |  |  |
| Third Given Name:  |          |   |            |       |        |  |  |  |   |       |     |  |  |  |  |
| Date of Birth:   |          | / |            | /     |        |  |  |  |   |       |     |  |  |  |  |
| Booking Reference Number:  |          |   |            |       |        |  |  |  |   |       |     |  |  |  |  |
| Fingerprint Appointment Date:     /     /     /  |          |   |            |       |        |  |  |  |   |       |     |  |  |  |  |
| Property Name: (if applic<br>Flat / Unit Number:<br>Street Name:<br>Street Type:<br>State:<br>State:<br>Comparison<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State:<br>State: | able)    |   | Street Nur | nber: |        |  |  |  |   | Numbe | er: |  |  |  |  |
| GPO Box PO Box Locked Bag Private Bag RSD RMB  |          |   |            |       |        |  |  |  |   |       |     |  |  |  |  |
| Box / Bag / Number:<br>Flat / Unit / Lot Number:<br>Street Name:<br>Street Type:   |          |   | Street Nur | nber: | ):<br> |  |  |  |   |       |     |  |  |  |  |
| State: Pc  | ostcode: |   |            |       |        |  |  |  | 1 |       |     |  |  |  |  |