

APPLICATION FOR DEPENDENTS IDENTIFICATION CARD

I wish to a	apply for a Dependents Ide	ntification Card	for my sp	oouse and	dependent chi	ldren	
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SIGNATURE						DATE	ļ
NAME OF EMPLOYEE			STAFF NUMBER		COMMENCEMENT		
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DEPARTM		LOCATION/PORT					
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The names to be included on the Card are: NAME SPOUSE			SEX		DATE OF BIRTH		
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