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Type B

**P**  
Name

MUZE

AUS

M

**MILDREI**

Nationality / Nationalité  
**AUSTRALIAN**

Date of birth / Date de naissance

22 SEP 1975

Sex / Sexe

ater

2 FEB 2011

Date of expiry / Date d'expiration

2 FEB 2028

ority / Autoritate

## AUSTRALIA

DOCUMENT No.  
PA6487023

Place of birth / Lieu de naissance  
CHENNAI

# CHINHOYI

Holder's signature / Signature du titulaire

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05/17

UNTIL  
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**VISA**

Debit

*[Handwritten Signature]*

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AUTHORISED SIGNATURE

**nabDEFENCE**

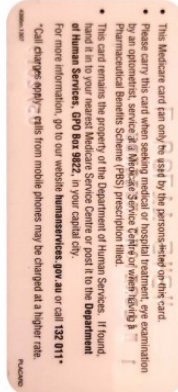


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[nab.com.au](http://nab.com.au)

NAB Cards: 13 22 65 When overseas: +61 3 8641 9083





4345 11709 7

MILDRIGHT MUZENDU

VALID TO 05/2019



- This Medicare card can only be used by the persons listed on this card.
- Please carry this card when seeking medical or hospital treatment, eye examination by an optometrist, service at a Medicare Service Centre or when having a Pharmaceutical Benefits Scheme (PBS) prescription filled.

- This card remains the property of the Department of Human Services. If found, hand it in to your nearest Medicare Service Centre or post it to the **Department of Human Services, GPO Box 9822**, in your capital city.

For more information, go to our website **humanservices.gov.au** or call **132 011\***

\*Call charges apply – calls from mobile phones may be charged at a higher rate.





Telephone: 02 6140 6502  
Fax: 1300 549 456  
Email: AFP-NationalPoliceChecks@mail2.converga.com.au  
Website: [www.afp.gov.au](http://www.afp.gov.au)  
ABN: 17 854 931 143

Office Hours: 8am to 5pm, Monday to Friday  
except A.C.T. Public Holidays

Type of Check	Name Check Only
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**Last Name** MUZENDU

**First Given Name** MILDREIGHT

**Other Given Name**

**Date of Birth** 22<sup>nd</sup> Sep 1975

- i. I acknowledge I have read all the instructions while completing this application and I am aware exclusions from spent convictions legislation may apply to some categories of NPCs.
- ii. The personal information I have provided in this application (including fingerprints if supplied) and all the attachments (if any) relate to me and are correct.
- iii. I acknowledge the details contained in this application, including fingerprints where relevant, will be forwarded to the AFP, the Australian Criminal Intelligence Commission, and/or the Police Services of the States or Territories of the Commonwealth of Australia.
- iv. I consent to the AFP and any other Australian police force extracting details of any convictions, findings of guilt or pending court proceedings relating to me, including in relation to any traffic offence, and providing that information to me or to the Employer/Organisation named in Section 6.
- v. I acknowledge the information provided in this application will not be used without my prior consent for any other purpose, unless otherwise authorised by law.
- vi. I acknowledge that any information provided in this application or disclosed by the police as a result of the records check may be taken into account by any organisation to whom I present the results of the records check in assessing my suitability to receive the entitlement.
- vii. I acknowledge that only details contained in this application or on attachments signed by me will be checked and that should I subsequently require further names and/or details to be checked then I will be required to submit a new application and payment.
- viii. I understand that it is an offence to provide false or misleading information in this application, or omit to provide information that may result in this application being false or misleading.

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Date: 16/10/2018

If you are under 18 years of age (as at the date of the application), please provide consent below from a parent/guardian.

[illegible]

\_\_\_\_\_

Date: / /

After signing this form, please scan and upload it as part of Step 4 of the online application. If you have closed your browser window or for other reasons cannot return to Step 4, you will be required to start a new application.