INTERPOL

ENROLMENT FORM

EVENT INFORMATION	
TITLE	**Criminal Intelligence Analysis Training**
DATE	**2-13 March 2020**
VENUE	**Dhaka, Bangladesh**

Please fill out the form electronically as possible. All the fields are compulsory

COUNTRY:	
PARTICIPANT'S DETAIL	
FIRST NAME	MD
MIDDLE NAME	Humayun
LAST NAME	Kabir
Name in local script (Name, middle name, last name)	Kabir ☐
Sex	Male ☐ **Male** Female ☐
Date of Birth (DD/MM/YY)	10-08-1965
Country of Birth	Bangladesh
City/Village	UNKOT PS-Chauddagram
State/Province	Comilla
ID DOCUMENTS	
Passport Number	-
National ID number	5523666328
EMPLOYMENT INFORMATION	
Agency type	Law Enforcement Other ☐ ☐**Yes**
Complete Name of the Agency	
Ministry	Home Affairs
Department	Criminal Investigation Department
Division	Organised Crime
Sub-division/Unit	THB
Duty Station Address	Malibagh Dhaka
Official Position/Title, Rank	ASP
Are you authorized to carry a gun?	Yes ☐ **Yes** No ☐
Are you authorized to arrest?	Yes ☐ **Yes** No ☐
CONTACT DETAILS	
Telephone number (work)	01730336295
Mobile number	01711422695
Email	humayun6589@gmail.com
Skype ID (if applicable)	N/A

LANGUA

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Languages spoken	Bangla
TRAVEL DETAILS	
Copy of Passport Attached?	NA Yes ☐ No ☐ **No**
Departure City	**NA**
Departure and Return Dates	**NA**
Special Food Requirements, if any	
DISCLAIMERS	
• Group pictures or individual pictures taken during the event may be published in the INTERPOL media platforms such as news or social media as well as reports and presentations. Do you consent that your picture can be used in those materials?	Yes ☐ **Yes** No ☐
• In line with the INTERPOL Policy on Mission and Travel, when transport, accommodation and meal costs are paid for directly by the organization, no additional subsistence allowance will be paid • Participants will be responsible for covering costs for any additional days requested outside the duration of the event	

APPENDIX 4 TO THE STAFF INSTRUCTION NO 2014.09 (Staff instruction disposition: 12.2)

Subject: Insurance disclaimer for external participants

The Organization reminds external participants that it is their responsibility to obtain any necessary visas, to take out adequate travel insurance, and to follow the health and safety recommendations for the country of destination.

The Organization cannot be held liable for any damages or injuries participants may sustain themselves or cause to others during their |round-trip journey and during their stay in the country where the activity is being held (except specific cases of events and conferences).

The Organization shall not cover the participant's travel and accommodation costs if the aforementioned conditions are not met.

Date:29-01-2020

Signature of the external participant:

Please email the filled out and signed form along with a copy of your passport to INTERPOL Environmental Security at environmentalcrime@interpol.int


গণপ্রজাতন্ত্রী বাংলাদেশ সরকার
Government of the People's Republic of Bangladesh
জাতীয় পরিচয়পত্র / National ID Card
নাম
মোঃ হুমায়ুন কবীর
Name
MD. HUMAYUN KABIR
পিতা
লাল মিয়া
মাতা
মোসাঃ ফিরোজা বেগম
Date of Birth 10 Aug 1965
NID No 552 366 6328