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 MOSTAFA
MIDDLE NAME	KAMAL
LAST NAME	**RASHED**
Name in local script (Name, middle name, last name)	**MOSTAFA**
Sex	Male ☐ YES
Date of Birth (DD/MM/YY)	**25/12/1977**
Country of Birth	BANGLADESH
City/Village	DHAKA
State/Province	DHAKA
ID DOCUMENTS	
Passport Number	**OC1130810**
National ID number	19772726411212183
EMPLOYMENT INFORMATION	
Agency type	Law Enforcement ☐ YES
Complete Name of the Agency	POLICE BUREAU OF INVESTIGATION(PBI)
Ministry	**HOME AFFAIRS**
Department	**BANGLADESH POLICE**
Division	**PBI HEADQUARTER DHAKA**
Sub-division/Unit	**SPECIALISED INVESTIGATION & OPERATIONS**
Duty Station Address	**H#246/1 C/17(NEW), WEST AGARGAON,SHERE BANGLANAGAR,DHAKA**
Official Position/Title, Rank	**ADDITIONAL SUPERINTENDENT OF POLICE**
Are you authorized to carry a gun?	Yes ☐ YES No ☐
Are you authorized to arrest?	Yes ☐ YES No ☐
CONTACT DETAILS	
Telephone number (work)	**N/A**
Mobile number	**01769690389**
Email	mostafarashed1480@gmail.com
Skype ID (if applicable)	N/A

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LANGUAGE	
Languages spoken	BANGLA,ENGLISH
TRAVEL DETAILS	
Copy of Passport Attached?	Yes ☐ YES
Departure City	NA
Departure and Return Dates	NA
Special Food Requirements, if any	NO
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
• 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: 29/01/2020

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

INFORMATION OF THE BEARER

Name: MD MOSTAFA KAMAL RASHED
Father's Name: ABDUL HANNAN
Mother's Name: RABEYA BEGUM
Spouse's Name: DILRUBA AHMED
Permanent Address: NARULI, BOGRA SADAR, BOGRA SADAR, BOGRA
Emergency Contact:
Name: MD REZAUL KARIM
Relationship: COUSIN
Address: 1267/1 (2ND FLOOR), EAST MONIPUR, MIRPUR-2, MIRPUR, MIRPUR, DHAKA
Telephone No: 01911945782

পাসপোর্ট নম্বর / Passport No.
OC 1130810

MD. ALI ASHRAF
Deputy Assistant Director
Department of Immigration & Passports
Government of the People's Republic of Bangladesh
Dhaka.

পাসপোর্ট
PASSPORT



গণপ্রজাতন্ত্রী বাংলাদেশ People's Republic of Bangladesh

শ্রেণী / Type: PG
দেশ কোড / Country code: BGD
পাসপোর্ট নং / Passport No.: OC1130810
বংশগত নাম / Surname: RASHED
প্রদত্ত নাম / Given Name: MD MOSTAFA KAMAL
জাতীয়তা / Nationality: BANGLADESHI
ব্যক্তিগত নং / Personal No.: 19772726411212183
জন্ম তারিখ / Date of Birth: 25 DEC 1977
পূর্ববর্তী পাসপোর্ট নং / Previous Passport No.: E0009027
লিঙ্গ / Sex: M
জন্মস্থান / Place of Birth: DHAKA
প্রদানের তারিখ / Date of Issue: 18 MAY 2015
প্রদানকারী কর্তৃপক্ষ / Issuing Authority: DIP / DHAKA
মেয়াদোত্তীর্ণের তারিখ / Date of Expiry: 17 MAY 2020
স্বাক্ষর / Holder's Signature

PGBGDRASHED<<MD<MOSTAFA<KAMAL<<<<<<<<<<<<<<<
OC1130810OBGD7712256M2005179272641121218 3<24