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	MOHAMMED
MIDDLE NAME	NURUL
LAST NAME	**HAKIM**
Name in local script (Name, middle name, last name)	**HAKIM**
Sex	✓ *Male* ☐ *Female* ☐
Date of Birth (DD/MM/YY)	**05/01/1978**
Country of Birth	BANGLADESH
City/Village	COX'S BAZAR
State/Province	CHATTOGRAM
ID DOCUMENTS	
Passport Number	**OC 4124056**
National ID number	19781595715354657
EMPLOYMENT INFORMATION	
Agency type	Law Enforcement ☑ Other ☐
Complete Name of the Agency	BANGLADESH POLICE
Ministry	**HOME AFFAIRS**
Department	BANGLADESH POLICE
Division	**CID.**
Sub-division/Unit	CHATTOGRAM
Duty Station Address	CID. CHATTOGRAM DISTRICT.
Official Position/Title, Rank	**INSPECTOR OF POLICE**
Are you authorized to carry a gun?	✓ Yes ☐ No ☐
Are you authorized to arrest?	✓ Yes ☐ No ☐
CONTACT DETAILS	
Telephone number (work)	
Mobile number	**01818171302**
Email	**nurulhakim7806@gmail.com**
Skype ID (if applicable)	**N/A**

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LANGUAGE	
Languagesspoken	BANGLA, ENGLISH

TRAVEL DETAILS		
Copy of Passport Attached?	✓ NA Yes ☐	No ☐
Departure City	CHATTOGRAM	
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 ☐ 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.

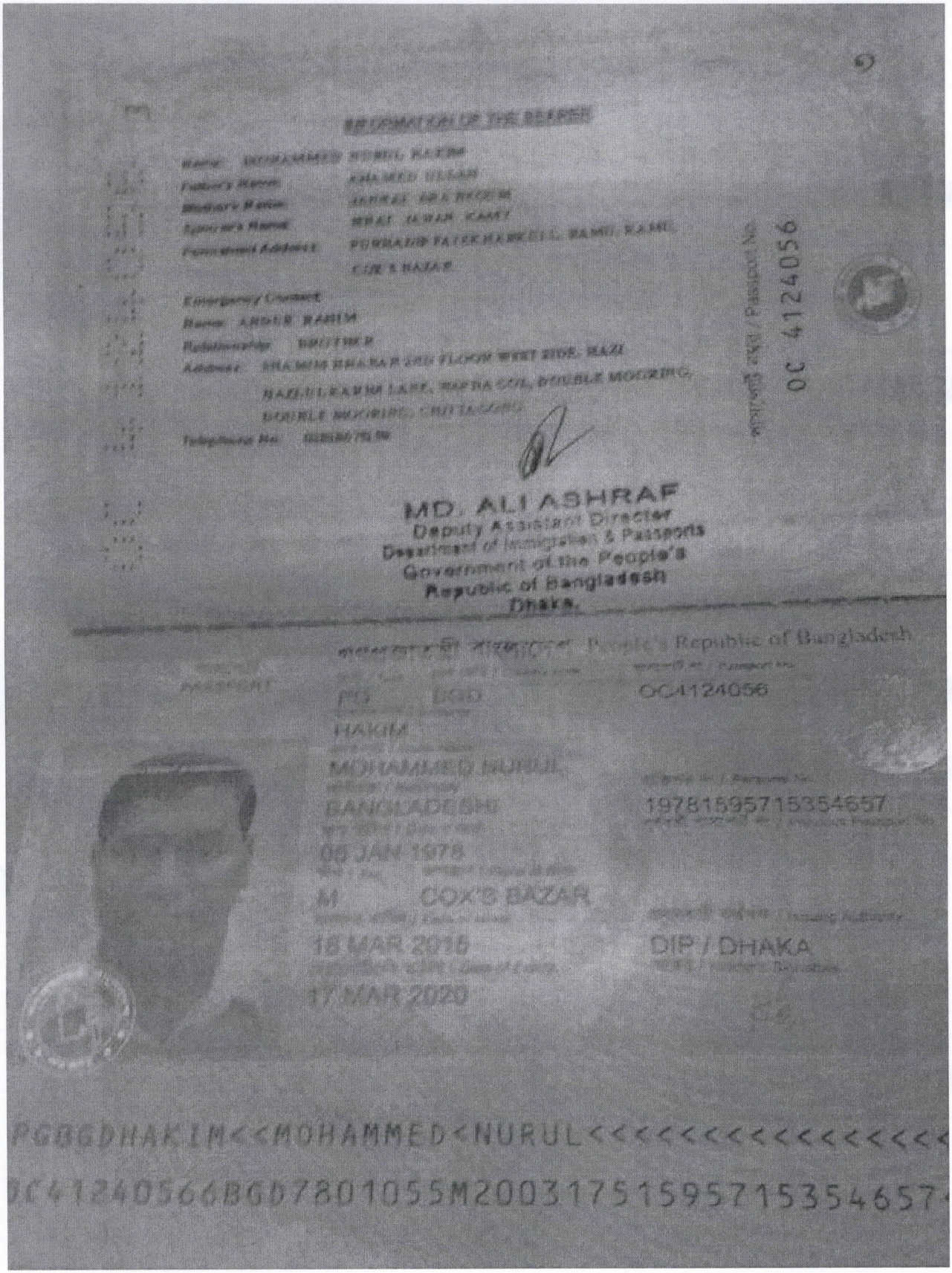
The Organization cannot be held liable for any damages or injuries participants may sustain themselves or cause to others during their round-trip journey and during their stay in the country where the activity is being held (except specific cases of events and conferences).

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


INFORMATION OF THE BEARER
Name MOHAMMED NURUL HAKIM
Father's Name AHAMED ULLAH
Mother's Name JAHERA BEGUM
Spouse's Name BIBI JANAN CAMY
Present/Mail Address PURBACHAL PATEKHARKUL, RAMU, RAMU, COX'S BAZAR
Emergency Contact
Name ABDUR RAHIM
Relationship BROTHER
Address BRAHMIN BHARA 3RD FLOOR WEST SIDE, HAZI HAZI ULKARIM LANE, MAPRA GOL, DOUBLE MOORING, DOUBLE MOORING, CHITTAGONG
Telephone No 01558175139
OC 4124056
MD. ALI ASHRAF
Deputy Assistant Director
Department of Immigration & Passports
Government of the People's Republic of Bangladesh
Dhaka.
PASSPORT
People's Republic of Bangladesh
P/O BGD
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HAKIM
MOHAMMED NURUL
BANGLADESHI
19781595715354657
08 JAN 1978
M COX'S BAZAR
16 MAR 2016
DIP / DHAKA
17 MAR 2020
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