

## **Request for Confirmation of Enrolment**

Please supply written confirmation of my enrolment details. Particulars of my request are as follows:

Details:	Family name				
	Given Names				
	Date of Birth	/	1		
<b>E</b>					
Enrolled Addro	ess:				
Note: If you require confirmation of your enrolment at previous addresses, attach a list of these addresses and the dates you					
believe you were enroll	led there.				
		Loca	ity/Suburb	State/Territory	Post Code

## **Delivery Details:**

Confirmation of enrolment details will be mailed to your current enrolled address or provided in person on production of photographic proof of identity. If you wish to have the confirmation mailed to another address please provide details below.

Mailing Address: (If different from your enrolled address)	1					
	Locality/Suburb	State/Territory	Post Code			
	1 1					
Signature of person making request	Date of request	Date of request Contact phone nun (where convenier				

Office use only										
RMANS ID	Signature	POI	Date of	Enrolled	Alternate	In				
	match		response	address	address	person				
	Y/N	Y/N	/ /	Y/N	Y/N	Y/N				