



<b>OPF01</b>	<b>DCAF</b>
Version	6.0
Effective Date	30 April 2010

**Instructions:**

1. Please fill the form in **BLOCK LETTERS** only.
2. Part 1, 2, 3 & 4 are **MANDATORY**.
3. If the applicant role is either as an 'AO' or 'POC', completed form must be submitted together with a covering letter from the respective Ministry / Department.
4. If the applicant role is as a 'USER', Part 5 must be **VERIFIED** and **AUTHORIZED** by **REGISTERED AO** and **POC** of the respective Ministry / Department.
5. Any discrepancy or inconsistency in the form will lead to delay and/or rejection .
6. Completed form must be submitted together with a photocopy of Identity Card (IC). **Photocopy of IC must be signed.**
7. **This form must be printed on BOTH SIDES of an A4 paper.**

**PART 1 - APPLICANT DETAILS**

Full Name <i>(as appears in IC)</i>			
Date of Birth	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Nationality	
IC Number: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Colour: Y <input type="checkbox"/> G <input type="checkbox"/> R <input type="checkbox"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Telephone No. (H)		Mobile No.	

**PART 2 - PROFESSION DETAILS**

Designation			
Department			
Ministry			
Office Address			
Telephone No. (O)		Fax No. (O)	
Government Email			

**PART 3 - APPOINTMENT / ROLE**

POINT-OF CONTACT OFFICER (POC)  AUTHORIZING OFFICER (AO)  USER

**PART 4 - DECLARATION**

I hereby agree that I have read and understood the provisions of the Subscriber Agreement available at [www.egnc.gov.bn](http://www.egnc.gov.bn) and will abide by the agreement.

Signature:

Date:

**PART 5 - MINISTRY AO & POC VERIFICATION & AUTHORIZATION**

Name of POC:	OFFICE STAMP
Signature: _____ Date: _____	
Name of AO:	OFFICE STAMP
Signature: _____ Date: _____	

**PART 6 - FOR EGNC USE ONLY**

**PART 6A - AO & POC VERIFICATION & AUTHORIZATION  
(ONLY TO BE FILLED IN IF THE APPLICANT ROLE IS EITHER AS AN 'AO' OR 'POC')**

OFFICE STAMP

Name of POC:

Signature:

Date:

Name of AO:

Signature:

Date:

**PART 6B**

Name of RA Operator:

Signature:

Date:

**Remarks:**