

### Part A: Applicant Information (Applicant to complete)

#### Personal Details:

Surname: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
 Given Names: \_\_\_\_\_ Gender:  MALE  FEMALE  
 City of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

#### Contact Details:

Home phone: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_  
 Mobile phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### Current Residential Address:

Unit No: \_\_\_\_\_ Street No: \_\_\_\_\_ Street: \_\_\_\_\_  
 City: \_\_\_\_\_ Suburb: \_\_\_\_\_  
 Country: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Q. How long have you resided at this address? From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

#### Postal Address: (If the same as residential, please leave blank)

Unit No: \_\_\_\_\_ Street No: \_\_\_\_\_ Street: \_\_\_\_\_  
 City: \_\_\_\_\_ Suburb: \_\_\_\_\_  
 Country: \_\_\_\_\_ Postcode: \_\_\_\_\_

#### Previous Residential Address:

Unit No: \_\_\_\_\_ Street No: \_\_\_\_\_ Street: \_\_\_\_\_  
 City: \_\_\_\_\_ Suburb: \_\_\_\_\_  
 Country: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Q. How long did you reside at this address? From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

#### Employer Details:

Company Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Unit No: \_\_\_\_\_ Street No: \_\_\_\_\_ Street: \_\_\_\_\_  
 City: \_\_\_\_\_ Suburb: \_\_\_\_\_  
 Country: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Method of Payment:**

- Please Indicate:
- TMS Permanent Employee (Payment not required)
  - TMS Casual Employee
  - Registered Corporate Client (Payment via Client Invoice Agreement)
  - Other

Please indicate your preferred method of payment, if you're not a TMS Permanent Employee or Corporate Client:

- Cheque (must be sent in documentation)
- Money Order (must be sent in documentation)
- Credit Card (please complete below details, will be debited upon submission of application)

Type of Credit Card:  VISA  MasterCard    Card Name: \_\_\_\_\_

Card Number: \_\_\_\_\_    Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**NEW IDENTITY DETAILS: (as stated on verification documentation)**

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_

- New Identity Documentation** certified and attached.

Document Type: \_\_\_\_\_

Place of Issue: \_\_\_\_\_

Date of Issue: \_\_\_\_/\_\_\_\_/\_\_\_\_

- Statutory Declaration** attached providing written evidence of name change.

- MSIC Returned** to Total Marine Services for destruction (included in this application)

or

- Will be returned within 30 days of receiving the replacement MSIC.

**Declaration:** *I agree that the above information is true and correct to the best of my knowledge.*

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Part B: Authentication Checks (TMS Use Only)**

Checks	Tick	Date/Comments	MSIC Details
Statutory Declaration Attached:	<input type="checkbox"/>		<b>Previous MSIC #:</b>
Police Report Details Included:	<input type="checkbox"/>		Card Expiry: _____    Serial #: _____
MSIC card returned:	<input type="checkbox"/>		<b>Replacement MSIC #:</b>
Uploaded to AusCheck:	<input type="checkbox"/>		Card Expiry: _____    Serial #: _____
AusCheck Notified by Email:	<input type="checkbox"/>	<i>Email to be archived - AusCheck will forward email to ASIO.</i>	
<b>Conducted by:</b>			
<i>(MSIC Coordinator or Delegate)</i>		.....	Date: .....
<b>Checked &amp; Authorised to Issue:</b>			
<i>(CSO or Delegate)</i>		.....	Date: .....
<b>Collected by Applicant:</b>			
<i>(Applicant)</i>		.....	Date: .....