

STAFF-IN-CONFIDENCE (After first entry)

AD 160
Revised May 2009

Department of Defence

ADF Dependant Details

- Do not complete this form if your personal circumstances have also changed, eg marriage or separation. Instead, complete form AD 150 – *ADF Personal Data - PMKeyS*.
- Items marked with * require certified copies of supporting documentation.
- If any of the dependants listed on this form are also your NOK and/or emergency contact, use PMKeyS Self Service (PSS) to update your NOK and/or emergency contact details or complete form AD 159 – *ADF Next of Kin and Emergency Contact Details*.

Entered into PMKeyS <input type="checkbox"/>
Employee ID
Signature
Date

Personal particulars	Other dependant (Continued)
Employee ID	Phone number (Include area code)
Rank	Alternative phone number (Include area) Type
Family name	Date of birth Place of birth
Given name(s)	Indicate their gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Effective date	Indicate if the person is: Student <input type="checkbox"/> * Disabled <input type="checkbox"/>
Dependant	Occupation
Add <input type="checkbox"/> Amend <input type="checkbox"/> Withdrawn <input type="checkbox"/>	Other dependant
Name	Add <input type="checkbox"/> Amend <input type="checkbox"/> Withdrawn <input type="checkbox"/>
* Relationship	Name
Tick if this is your Next of Kin <input type="checkbox"/>	* Relationship
Dependant is a serving member <input type="checkbox"/>	Tick if this is your Next of Kin <input type="checkbox"/>
Employee ID (Defence employees only)	Dependant is a serving member <input type="checkbox"/>
Address	Employee ID (Defence employees only)
City State Postcode	Address
Country	City State Postcode
Phone number (Include area code)	Country
Alternative phone number (Include area) Type	Phone number (Include area code)
Date of birth Place of birth	Alternative phone number (Include area code) Type
Indicate their gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of birth Place of birth
Indicate if the person is: Student <input type="checkbox"/> * Disabled <input type="checkbox"/>	Indicate their gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Occupation	Indicate if the person is: Student <input type="checkbox"/> * Disabled <input type="checkbox"/>
Other dependant	Occupation
Add <input type="checkbox"/> Amend <input type="checkbox"/> Withdrawn <input type="checkbox"/>	Note: If more than three dependants, please tick this box <input type="checkbox"/> and attach a separate AD 160.
Name	Applicant's signature
* Relationship	Signature
Tick if this is your Next of Kin <input type="checkbox"/>	Printed name Date
Dependant is a serving member <input type="checkbox"/>	
Employee ID (Defence employees only)	
Address	Approving authority and/or delegate
City State Postcode	Supporting documents sighted <input type="checkbox"/>
Country	Signature
	Printed name Date