

STAFF-IN-CONFIDENCE (After first entry)

AD 160
Revised Sep 2007

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.

Entered into PMKeyS []
Employee ID
Signature
Date

Personal particulars
Employee ID Rank
Family name
Given name(s)
Preferred name
Effective date

Dependant
Name
Address
City State Postcode
Country
Telephone number (Include area code)
* Relationship Tick if this is your Next of Kin
Date of birth Place of birth

Indicate their gender: Female [] Male []
Indicate if the person is: Student [] * Disabled []

Other dependant
Name
Address
City State Postcode
Country

Other dependant - Continued
Telephone number (Include area code)
* Relationship Tick if this is your Next of Kin
Date of birth Place of birth
Indicate their gender: Female [] Male []
Indicate if the person is: Student [] * Disabled []

Other dependant
Name
Address
City State Postcode
Country
Telephone number (Include area code)
* Relationship Tick if this is your Next of Kin
Date of birth Place of birth

Indicate their gender: Female [] Male []
Indicate if the person is: Student [] * Disabled []
NOTE: If more than three dependants, please tick this box and attach a separate AD 160. []

Approving authority and/or delegate
Supporting documents sighted []
Signature
Printed name Date

Applicant's signature
Signature
Printed name Date