



45th SESSION OF THE COUNCIL OF FOREIGN MINISTERS (CFM)  
Dhaka, Bangladesh  
05-06 May 2018



## Form 2

### SECURITY OFFICIALS AND FIREARMS FORM

Country/ Organization Name		
Name of the Head of Delegation		
Designation of the Head of Delegation		
Email:	Phone No:	Address:

Sl. No.	Full Name (as in passport)	Palce and date of birth (dd/mm/yyyy)	Rank/ Position	Passport No.	Type of Firearm	Model	Serial No	Quantity of Ammunitions
1.								
2.								
3.								
4.								
5.								

The filled in forms needed to be forwarded by the **Delegation Accreditation Officer (DAO)** of the concerned State/ Organization as mentioned at the Administrative Arrangements document.