

USE OF FORCE REPORT FORM – DCF 02 TO BE COMPLETED BY THE SUPERVISING OFFICER IN CHARGE AT THE SCENE OF THE INCIDENT LOCAL REFERENCE NUMBER: ESTABLISHMENT BROOK HOUSE INCIDENT DETAILS Date: 03/08/2020 Time: 21:10

| CIDN umber: | Surname: | Forename(s): |
|---------------------------|-----------------------|----------------------------|
| Gender: Male Female | The Use of Force was: | Age group (please circle): |
| Transgender Nationality | Planned 素 Unplanned ≱ | Minor (age) |

| STAFF IN\ | /OLVED | | 7.00 M. Fred 1 |
|-----------|---|-------------------------------|-----------------------------|
| | the grade / work area (i.e the use of force incident | . Care & Separation Unit) and | d names of all the officers |
| Grade: | Surname: | Forename(s): | Work Area: |
| DCO | | | |
| DCO | | | |
| DCO | | | |
| DCM | | | |

| Wing X Education/Multi-Faith Area Own Room X Visits Care & Separation Unit Association Area (please specify below) Other (please specify) | AAIIICI | | Education/Multi-Faith Area |
|---|------------------------|---|---|
| Care & Separation Unit Association Area (please specify below) | Own Room | X | |
| | | | Association Area (please specify below) |
| | Other (please specify) | | |



Name of the Supervising Officer: (Provide reasoning in the Annex A)

Was a Baton drawn?

If so, was it used?

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| | 10 11 | HE INCIDEN | TV | | CIRCU S USEI | IMSTANCES WHY FORC D | E |
|--|----------|------------------------------------|-------------------------------|---|---------------------------------------|--|---|
| None known | | | П | | | ry to oneself | |
| Searches (Room/A/B/F | -ull) | | | Preventi | | | Х |
| IEP down grade | | | | | -34 | ry to a third party | |
| Failure to comply with r | remova | ıl | | | | nage to property | |
| Fight with another deta | | | | | | escape / abscond | |
| Serving of removal dire | | (RDs) | X | THE RESIDENCE AND PARTY OF THE | | | |
| Assault on a member of | | | ľ | | | | |
| Assault on another deta | ainee | | | | | | |
| Non-compliance | | | П | | | | |
| Home Office interview | | | | | | | |
| Court appearance | | | | | | | |
| Video-link hearing | | | | | | | |
| Moving to another cent | re/unit/ | prison | | | | | |
| Others (please specify below | | | | | | | • |
| | | ************* | | | | • | |
| | | | | | • • • • • • • • | • | ••••• |
| | | | | | | | |
| | | | | | •••••• | | • • • • • • • • • |
| Yes X (Please expand with details in | | \ <u>\</u> | | | | | |
| Were Personal Safety Techniques Used? | 0 | Were Techniqu | | 0.M40.0000 | Ø | Were MMPR Techniques Used? | |
| Defensive Options | | Guiding Ho | old | | | Figure Four Arm Hold | Ø |
| Push | ZY | Isolating th | | | | rigure rour Amirinou | |
| | 100 | | ne A | rm | Ø | The state of the s | |
| Knee Strike | | Arm Hold/L | | | Ø | Head Support Mandibular Angle | |
| Knee Strike Kick | | Arm Hold/L Wrist Flexion | Lock | | | Head Support | |
| and the same of th | _ | | _ocl | c Lock | | Head Support Mandibular Angle Detainee – Prone | □ Ø |
| Kick | | Wrist Flexi | Lock on/l xior | c Lock n/Lock | 0 | Head Support Mandibular Angle | |
| Kick | | Wrist Flexion Thumb Flexion | Lock on/l xior | c Lock n/Lock | 0 | Head Support Mandibular Angle Detainee – Prone Detainee – Supine | |
| Kick | 0 | Wrist Flexion Thumb Flexion | Lock on/l exior Vris | c Lock n/Lock st Hold | 0 | Head Support Mandibular Angle Detainee – Prone Detainee – Supine Detainee – Seated | |
| Kick Punch Were handcuffs applied The time applied: | 0 | Wrist Flexion Thumb Fle Inverted V | Lock on/l exior Vris | c Lock n/Lock st Hold | 0 | Head Support Mandibular Angle Detainee – Prone Detainee – Supine Detainee – Seated | |
| Kick Punch Were handcuffs applied The time applied: The time removed: | 0 | Wrist Flexion Thumb Fle Inverted V | Lock on/l exior Vris | c Lock n/Lock st Hold | 0 | Head Support Mandibular Angle Detainee – Prone Detainee – Supine Detainee – Seated | |
| Kick Punch Were handcuffs applied The time applied: The time removed: The duration applied: | 1? | Wrist Flexi Thumb Fle Inverted V | Lock on/lexior Vris | c Lock n/Lock st Hold No | D D D D D D D D D D D D D D D D D D D | Head Support Mandibular Angle Detainee – Prone Detainee – Supine Detainee – Seated Restraint Recovery | |
| Kick Punch Were handcuffs applied The time applied: The time removed: The duration applied: | 1? | Wrist Flexi Thumb Fle Inverted V | Lock on/lexior Vris | c Lock n/Lock st Hold No | D D D D D D D D D D D D D D D D D D D | Head Support Mandibular Angle Detainee – Prone Detainee – Supine Detainee – Seated | |

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Yes

Yes 🗆

No X

No 🗆



| The Use of Force was authorised by (Supervising Officer): | |
|---|--|
| Name | |
| Grade Detainee Custody Officer | |
| Reason(s). | |
| Prevention of self-harm to detainee. | |
| | |
| | |
| | |

| Own Room | X | Type of relocation required Compliant | |
|------------------------------|--------|--|---|
| Care & Separation Unit | | Passively Resistant | х |
| Special Accommodation | | Actively Resistant | |
| Other (please specify below) | | Other (please specify below) | |
| | | | |
| | annala | te the relevant form. | |



| ANNEX A USE OF FORCE | Local Reference No. |
|--|---|
| STAFF STATEMENT | |
| ESTABLISHMENT: Brook H | ouse IRC |
| DATE 04/08/2020 | |
| DETAINEE | |
| NAME | |
| CID NUMBER | 26 |
| OFFICER | |
| NAME | |
| | JSTODY OFFICER |
| The use of force must only be u | sed when it is: |
| No | onable in the circumstance more force than necessary e to the seriousness of the situation |
| any restraints/locks you applied | at happened; give details of your part in the use of force, and how the incident was finally resolved. It must give e of force, as well as attempts made to de-escalate |
| Your statement must be comple | ted independently of other staff involved in the incident. |
| If C&R or MMPR was used, plea Supervising Officer Head / Number 1 Right arm Left arm Leg Officer | ase tick your primary role: |
| Have you been C&R basic refre | shed in the last 12 months? Yes No No |
| Have you been attended an MM | PR refresher in the last 6 months? Yes No No |

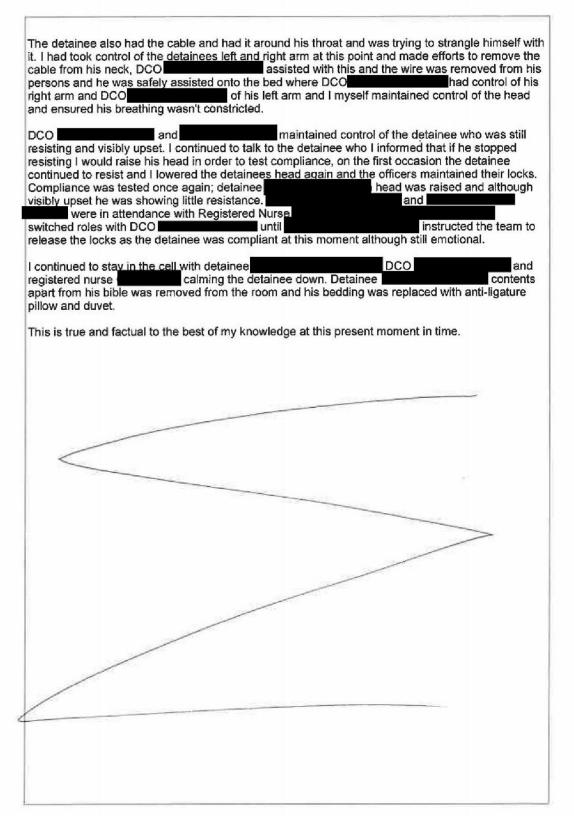
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| Were Personal Safety Techniques Used? | Safety Techniques V Technique Used? | | : C&R es Usec | 1? V | Were MMPR Techniques Used? Not Applicable: | V |
|---|--|--|--|---|---|---|
| Defensive Options | | Guiding Hold | | | Figure Four Arm Hold | |
| Push | - | Isolating the Arm | | J | Head Support | - |
| Knee Strike | | Arm Hold/Lock | | | Mandibular Angle | |
| Kick | | Wrist Flexion/Lock | | k | Detainee – Prone | |
| Punch | | Thumb Flexion/Lock Inverted Wrist Hold | | | Detainee – Supine | |
| | | | | ld | Detainee – Seated | ~ |
| | | Other | | | Restraint Recovery | |
| Was any restraint equ | ipmen | t used? | No | Who author | ised their use? | |
| Hand Cuffs | | | * | a a | | |
| Leg Restraints | | | × | | | |
| Baton | | | × | | | |
| experience of this incid service as an Officer a course & refreshers co | D PDA dent, ex and dur ourses se on t | am a This state cept where ring this per including th | Detainee ement is I indica riod I ha ne last c | Custody Of based of te otherwine ve completourse on | ficer employed by S n my personal knowledg se. I have 2 years 5 m eted HMPPS approved to | ge an nonth: rainin ed an |
| i.e. where the detained, i.e. where the detained, i.e. where the detained, it GATWICK IRC AN experience of this incic service as an Officer a course & refreshers or coassed a training cour elated to the use of for monday 3rd August I as four constant watche t approximately 21:00 I to anted to kill himself instead wing as detained for and was visibly distre- | D PDA dent, e) and dur ourses se on to orce. position s on took ove | am a This state cept where ring this per including the the lawful U ed myself on Wing, I per the consta | Detainee ement is a I indica riod I ha ne last o lse of fo who ositioned nt and who (CID: | Custody Or based of te otherwi- ve compli- ourse on rice and h ling for my impself on as informe tapproxim | ficer employed by S n my personal knowledg se. I have 2 years 5 m eted HMPPS approved to I have attende | ge and nonthing and and olicies there that he months |
| i.e. where the detained, at GATWICK IRC AN experience of this incide service as an Officer as course & refreshers consisted a training course leated to the use of form Monday 3rd August I has four constant watchest approximately 21:00 I to anter the detained will himself instead or and was visibly districted with the detained for an anterest of the detained for the didn't want to live any estained was very distrest leave the room, I inform the hurting himself. Detail | D PDA dent, e) and dur ourses rse on a position s on essed of r essed a n paper t the wi rom hitt more, ar sed. Th ned the nee | am a This state cept where ring this per including th the lawful U ed myself on Wing, I per the consta eturning to work and as ndow, I begaing his head. Ind I continue the detainee I we the back from the | Detainee ement is a lindica riod I ha he last of less of formal was a lindical riod was a lindical riod was not less not les not less not les not less not les not less not les no | Custody Or so based of the otherwise completourse on which of the cell of the | ficer employed by S n my personal knowledgese. I have 2 years 5 meted HMPPS approved to I have attended ave access to HMPPS p first night shift of the week, room one of Wing for the had made comments to act the poor of the week at the stopped at | there with with ying to and sa ear the for me own to I held |

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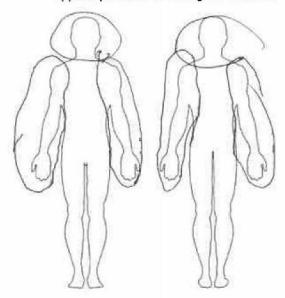


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Please draw a circle around the part of the body that you held, supported, controlled or applied pressure to during the incident.



Front of body

Back of body

CERTIFICATION: (By Officer completing form)

I confirm that the details above are correct

Signed

Name.

(BLOCK CAPITALS)

Date. 04 / 05 / 200.

*This form must now be passed to the Supervising Officer.



| ANNEX A USE OF FORCE | Local Reference No. |
|---|--|
| STAFF STATEMENT | |
| ESTABLISHMENT: Brook House II | RC |
| DATE 03/08/2020 | |
| DETAINEE | 72 |
| NAME | |
| CID NUMBER | |
| OFFICER | |
| NAME | |
| GRADE DCO | |
| The use of force must only be used when | n it is: |
| No more for | n the circumstance ce than necessary seriousness of the situation |
| any restraints/locks you applied and how | ned; give details of your part in the use of force, the incident was finally resolved. It must give e, as well as attempts made to de-escalate |
| Your statement must be completed indep | pendently of other staff involved in the incident. |
| If C&R or MMPR was used, please tick y Supervising Officer Head / Number 1 Right arm Left arm Leg Officer | our primary role: |
| Have you been C&R basic refreshed in the Yes | ne last 12 months? |
| Have you been attended an MMPR refree | sher in the last 6 months? No |

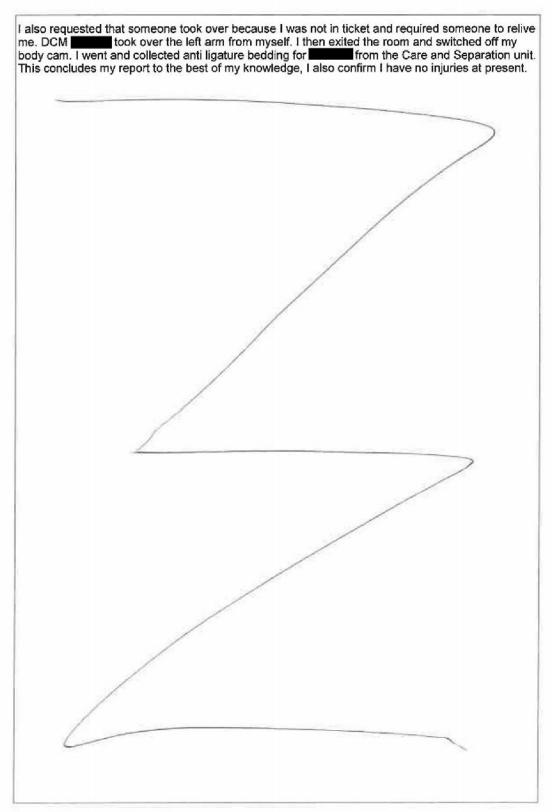
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| Were Personal Safety Techniques Used? | Were (Technique | | | Were MMPR Techniques Used? Not Applicable: |
|--|--|--|---|---|
| Defensive Options | Guiding Ho | ld | | Figure Four Arm Hold |
| Push | Isolating the | e Arm | | Head Support |
| Knee Strike | Arm Hold/L | ock | -/ | Mandibular Angle |
| Kick | Wrist Flexion | n/Lock | - | Detainee – Prone |
| Punch | Thumb Flexion/Loc | Flexion/Lock | | Detainee – Supine |
| | Inverted Wi | rist Hold | | Detainee – Seated |
| | Other | | | Restraint Recovery |
| Was any restraint equipn Hand Cuffs Leg Restraints Baton | nent useu : | | | |
| experience of this incident service as an Officer and course & refreshers cours | PDA. This statent, except where I during this period ses including the | indicate of od I have last cour | sed on therw compl se on | n my personal knowledge ar ise. I have ረ years ⊜ month eted HMPPS approved trainir איטע בסוק I have attended ar |
| at GATWICK IRC AND Fexperience of this incident service as an Officer and course & refreshers course elated to the use of force was working at asked to assist on the and rear of Brook House oproximately 21:10 I noticed here detainee onstant watch, as he had proposed to the course of the course o | PDA. This statent, except where I during this period ses including the on the lawful Us. my first night shift wing. I made my were on the lawful Us. CID eviously self-harm were also stood out. | nent is ba indicate of od I have a last cour e of force ; I was ros ay onto ying I was g was ed. I kept a tside his ro | sed of the rw complese on and had been decided by the residing an eye of an | n my personal knowledge ar ise. I have 4 years C month eted HMPPS approved training אין |

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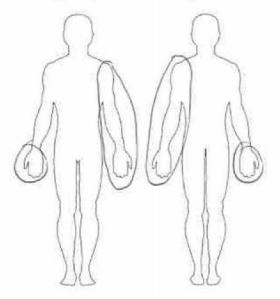


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Please draw a circle around the part of the body that you held, supported, controlled or applied pressure to during the incident.



Front of body

Back of body

| (BLOCK CAPITALS) Officer. |
|---------------------------|
| |



| ANNEX A | USE OF FORCE | |
|---------|--------------|--|
| | | |

Local Reference No. **BROOK HOUSE**

| STAFF STATEMENT |
|---|
| ESTABLISHMENT: Brook House IRC |
| DATE 03.08.2020 |
| DETAINE |
| NAME |
| CID NUMBER |
| OFFICER |
| NAME |
| GRADE DCO |
| The use of force must only be used when it is: Reasonable in the circumstance An absolute necessity No more force than necessary Proportionate to the seriousness of the situation |
| Your statement must set out what happened; give details of your part in the use of force, Any restraints/locks you applied and how the incident was finally resolved. It must give details of who authorised the use of force, as well as attempts made to de-escalate Throughout the incident. |
| Your statement must be completed independently of other staff involved in the incident. |
| If C&R or MMPR was used, please tick your primary role: Supervising Officer |
| |
| Have you been attended an MMPR refresher in the last 6 months? |
| Yes No X OFFICIAL - SENSITIVE |



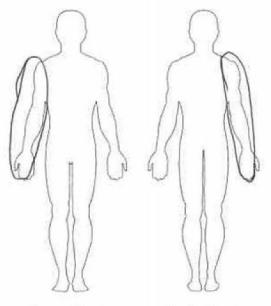
| The Type of Force Used | d: | | | | | |
|---|--|--|--|---|--|--------------------------|
| Were Personal Safety Techniques Used? | | Were (Technique | | X | Were MMPR Techniques Used? | |
| Defensive Options | | Guiding Hold | d | | Figure Four Arm Hold | |
| Push | | Isolating the | Arm | X | Head Support | |
| Knee Strike | | Arm Hold/Lo | ck | X | Mandibular Angle | |
| Kick | D | Wrist Flexion | n/Lock | | Detainee - Prone | |
| Punch | 0 | Thumb Flexi | on/Lock | | Detainee - Supine | |
| | | Inverted Wi | rist Hold | I X | Detainee - Seated | |
| | | | | | Restraint Recovery | |
| Were any additional restraints used? NO Who at | | | Who author | ised their use | | |
| Hand Cuffs | | NO | | | | |
| Baton | | | NO | | | |
| Before the incident (i.e. what led to the incident, any de-escalation techniques used), during the incident (i.e. what types of force were employed and why), and after the incident (i.e. where the detainee(s) were relocated to and any injuries sustained). | | | | | | |
| on the lawful Use of force This is my first night shi 21:10 I DCO supervisions. I placed me and DCO thrown out of to take over my constant was. I saw and DCO safeguard him and my of proportionate force. I att first response was called unable to get him in a fir | ft out of ft out of ft out of fyself o (cid: | f seven, wee made my w n a constant to to to was alre mand the off vision at aro resistin and his les from sus to get y afterwards I felt it nece w I was isola ce I felt like I | k common vay to supervitake off banging ady in single single single sample samp | encing 0 wing ision at f day staf g in his re nouting, s 15 and m restraine m was fre injury, I d a final loc afinal proper | f. Soon after, I could hear from, DCO room. I saw a kettle ge o I told DCO nade my way to room ed by Officers DCO re and took control of his aid so with reasonable and tok as I felt this was necessiched his fist which left me ortionate to place preventing him from hurti | where arm to sary, a |
| room and started talking took control of was talking to and claimed he has out the situation has de-esc without him attempting to | left left oursts v alated to hurt s | to de arm as DCC arm as he wa when he feels to a point what aff and hims | e- escal D as very s distres ere I fel self. DC | ate the si distresse ssed. Sho t like I co | ituation. DCM was out of ticket. DCM d about his immigration st ortly afterwards, It was cles | Matus, ar that arm |



| that it was necessary to release the final locks. I remained in the room with and tried to calm him down and offer the help and support we give at Brook House. |
|---|
| This concludes my report, the content of the above statement is true and accurate to the best of my knowledge and belief. |
| DCO |
| |
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| |



Please draw a circle around the part of the body that you held, supported, controlled or applied pressure to during the incident.



Front of body

Back of body

| CERTIFICATION: (By Officer completing for | rm) |
|--|------------------|
| confirm that the details above are correct | |
| Signed | |
| | |
| Name. | (BLOCK CAPITALS) |
| Date 04 08 2020 | |
| *This form must now be passed to the Supe | rvising Officer. |



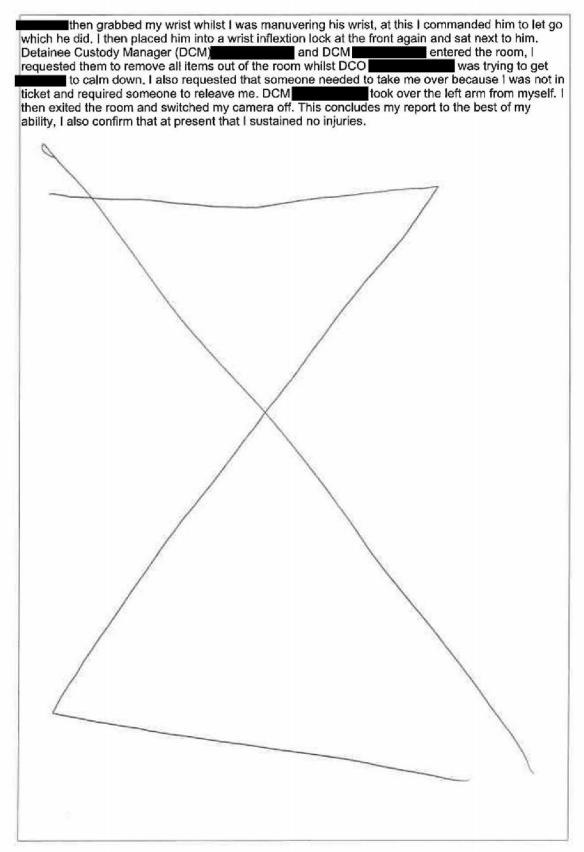
| ANNEX A U | SE OF FORCE Local Reference No. |
|--|---|
| STAFF STAT | EMENT |
| ESTABLISHM | MENT: Brook House IRC |
| DATE | 03/08/2020 |
| DETAINEE | |
| NAME | |
| CID NUMBER | ₹ |
| OFFICER | |
| NAME | |
| GRADE | DCO |
| The use of for | rce must only be used when it is: |
| | Reasonable in the circumstance No more force than necessary Proportionate to the seriousness of the situation |
| any restraints | nt must set out what happened; give details of your part in the use of force, /locks you applied and how the incident was finally resolved. It must give authorised the use of force, as well as attempts made to de-escalate e incident. |
| Your stateme | nt must be completed independently of other staff involved in the incident. |
| If C&R or MM Supervising C Head / Number Right arm Left arm Leg Officer | |
| Have you bee | en C&R basic refreshed in the last 12 months? Yes No |
| Have you bee | en attended an MMPR refresher in the last 6 months? Yes No 🔽 |

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| The Type of Force Used: | | | | |
|---|--|---|--|---|
| Were Personal Safety Techniques Used? | Were t Technique | | | Were MMPR Techniques Used? Not Applicable: |
| Defensive Options | Guiding Ho | old | | Figure Four Arm Hold |
| Push | Isolating th | e Arm | | Head Support |
| Knee Strike | Arm Hold/L | | ~ | Mandibular Angle |
| Kick | Wrist Flexion | on/Lock | | Detainee – Prone |
| Punch | Thumb Flexion/Loc | ck | | Detainee – Supine |
| | Inverted W | rist Hold | • | Detainee – Seated |
| | Other | | | Restraint Recovery |
| Was any restraint equip Hand Cuffs Leg Restraints Baton | ment usea? | | | rised their use? |
| (i.e. where the detainee(s I, at GATWICK IRC AND experience of this incider service as an Officer and course & refreshers course | were relocated am a D PDA. This stater at, except where I d during this periorses including the on the lawful Us | to and any etainee Custor ment is ba indicate o od I have de last cours | y injur dy Office sed of therw compl se on | er employed by SERCO on my personal knowledge and ise. I have years months' eted HMPPS approved training |
| Restraint, I have worked at E On monday August 8th 2020 call sign but asked to on the left hand side and rea Once on wing I was giv DCO was in previously self harmed. I kept an eye on and as they were waiting to admit of the room so placed my bothat my camera was on and it there was a broken kettle on handle from the room, all the of the room, but was tryin him not touch me. I was tryin | Brook House IRC s I, I was working my assist on with a of Brook House. Wen the duty to asii had entered roo residing due to bein Id DCO Inister his evening in dy worn camera or he placed his on as the floor so I enete while was his arm out in front g to reach round to and and grabbed his | ince August r first night s ng. I made st on the wi m wh ng placed o health medication. n (number) s well. ered the roo s telling mys t of me as if | t 2016; shift, I my wa mg. At ich is van a concare was I then was mg. I reself and i he was fithe be | was rostered on to Reception as any onto wing which is located approximately 21.10 I noticed that where detaine instant watch, as he had were also stood outside his room heard a bang whilst I was outside I advised DCO as becoming more aggitated and amoved the main kettle and the lad DCO to get out as going to touch me, which i told |



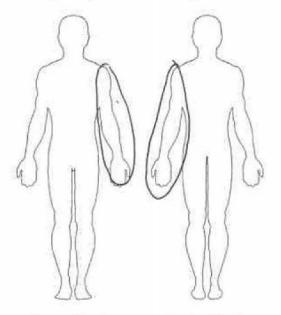


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Please draw a circle around the part of the body that you held, supported, controlled or applied pressure to during the incident.



Front of body

Back of body

| ERTIFICATION: (By Officer completing form) | |
|--|------------------|
| confirm that the details above are correct | |
| | |
| ig | |
| a | |
| ate 04/08/2020 | (BLOCK CAPITALS) |



ANNEXA USE OF FORCE

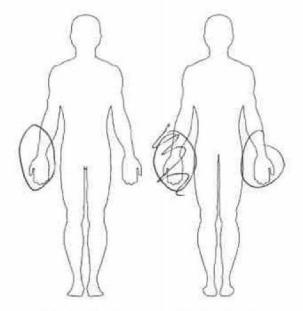
Local Reference No. **BROOK HOUSE**

| STAFF STATEMENT |
|---|
| ESTABLISHMENT: Brook House IRC |
| DATE 03.08.2020 |
| DETAINEE |
| NAME |
| CID NUMBER |
| OFFICER |
| NAME |
| GRADE DCM |
| The use of force must only be used when it is: Reasonable in the circumstance An absolute necessity No more force than necessary Proportionate to the seriousness of the situation |
| Your statement must set out what happened; give details of your part in the use of force, Any restraints/locks you applied and how the incident was finally resolved. It must give details of who authorised the use of force, as well as attempts made to de-escalate Throughout the incident. |
| Your statement must be completed independently of other staff involved in the incident. |
| If C&R or MMPR was used, please tick your primary role: Supervising Officer Head / Number 1 Right arm Left arm Leg Officer Anchor Cuff Officer |
| Have you been C&R basic refreshed in the last 12 months? |
| Yes X No : |
| Have you been attended an MMPR refresher in the last 6 months? |
| Yes □ No The Type of Force Used: |



| Were Personal Safety Techniques Used? | | Were C&R Techniques Used? | 2 | Were MMPR Techniques Used? | |
|---|--------------------|---|---------------------|---------------------------------------|---------|
| Defensive Options | - D | Guiding Hold | | Figure Four Arm Hold | |
| Push | | Isolating the Arm | | Head Support | |
| Knee Strike | | Arm Hold/Lock | | Mandibular Angle | |
| Kick | | Wrist Flexion/Lock | X | Detainee - Prone | |
| Punch | | Thumb Flexion/Lock | | Detainee - Supine | |
| | | Inverted Wrist Hold | | Detainee - Seated | |
| | | | | Restraint Recovery | |
| Were any additional re | estraint | s used? | ho autho | rised their use | |
| Hand Cuffs | | | | | |
| Baton | | | | | |
| (i.e. where the detained | e(s) we etainee | re relocated to and an custody Manager em | y injurie ployed | by Serco. This statemen | nt is |
| | | knowledge and exper | ience d | of this incident, except wh | nere I |
| indicate otherwi | | 066: | | d I barra a consider d NON | |
| | | | | d I have completed NOM | |
| | ig cour | se and 2 retresher co | urses, i | including the last course | on |
| February. | eeed o | training course on the | Jourful | luse of force and have a | 00000 |
| | | ed the use of force. | awiu | ruse of force and have a | JC622 |
| | | | hv a ra | dio message that help w | 20 |
| | | nse was called, I then | | | |
| | | om, I saw DCO | naao n | DCO | |
| and D | | | contro | ol of Detainee | 8 |
| | | | | g control of him. I was to | ld that |
| He had tied his | | | | if all the DCO's involved | |
| | C&R at | this point DCO | | id that she wasn't so I the | |
| took control of | | | left | arm and wrist. I felt that t | |
| was now no res | | | | wrist so we made | |
| | | and let the locks go. | | | as |
| she was on the | right w | rist and we both let go | at the | same time. We both rem | ained |
| next to | Llow | | | s bed in case he became | a non- |
| | | as very upset still but v ed his reason to why h | | | |
| and 6 | skhiqii i | ed fils reason to write | ie tried | to sen-nami. | |
| | | | | | |
| This content of the above | ve witn | ess statement is true a | and acc | curate to the best of my | |
| knowledge and belief' | | | | , , , , , , , , , , , , , , , , , , , | |
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Back of body

| CERTIFICATION | (By Officer completing form) | | |
|--------------------|------------------------------|--------|-----------|
| I confirm that the | details above are correct | | |
| Signed. | | | |
| Name | | | |
| | | (BLOCK | CAPITALS) |