

ORDER REQUEST FORM

ANTI-MONEY LAUNDERING AND COUNTER-TERRORISM FINANCING LAWS BROCHURES AND BUSINESS CARDS

CONTACT INFORMATION

Organisation

Representative name

Representative phone

Representative email

Please nominate where you would like your order delivered:

Address

State Postcode

(The Attorney-General's Department will bear the cost of distributing your order to a central mail-house, head office or street address of your choice. Please note that deliveries cannot be made to PO boxes).

WHAT MATERIAL WOULD YOU LIKE?

Please tick the material type(s) you require

BROCHURE (English language) QUANTITY _____ (minimum order 100)

BUSINESS CARD (English language) QUANTITY _____ (minimum order 250)

DO YOU ALSO REQUIRE TRANSLATED BROCHURES?

Please indicate which languages you require and how many of each language you require.

| | QUANTITY | | QUANTITY |
|-------------------|--------------------------------|------------|--------------------------------|
| Arabic | <input type="checkbox"/> _____ | Japanese | <input type="checkbox"/> _____ |
| Chinese | <input type="checkbox"/> _____ | Korean | <input type="checkbox"/> _____ |
| Filipino/Tagalog | <input type="checkbox"/> _____ | Persian | <input type="checkbox"/> _____ |
| French | <input type="checkbox"/> _____ | Spanish | <input type="checkbox"/> _____ |
| Hindi | <input type="checkbox"/> _____ | Russian | <input type="checkbox"/> _____ |
| Indonesian Bahasa | <input type="checkbox"/> _____ | Vietnamese | <input type="checkbox"/> _____ |



ORDER REQUEST FORM

ANTI-MONEY LAUNDERING AND COUNTER-TERRORISM FINANCING LAWS BROCHURES AND BUSINESS CARDS

DO YOU ALSO REQUIRE TRANSLATED BUSINESS CARDS?

Please indicate which languages you require and how many of each language you require.

| | QUANTITY | | QUANTITY |
|-------------------|--------------------------------|------------|--------------------------------|
| Arabic | <input type="checkbox"/> _____ | Japanese | <input type="checkbox"/> _____ |
| Chinese | <input type="checkbox"/> _____ | Korean | <input type="checkbox"/> _____ |
| Filipino/Tagalog | <input type="checkbox"/> _____ | Persian | <input type="checkbox"/> _____ |
| French | <input type="checkbox"/> _____ | Spanish | <input type="checkbox"/> _____ |
| Hindi | <input type="checkbox"/> _____ | Russian | <input type="checkbox"/> _____ |
| Indonesian Bahasa | <input type="checkbox"/> _____ | Vietnamese | <input type="checkbox"/> _____ |

TO SUBMIT THIS ORDER REQUEST FORM

You can fill out this form electronically. Simply save this file to your desktop and then email it to:

Email: aml.reform@ag.gov.au
 Post: Australian Government Attorney-General's Department
 3-5 National Circuit, Barton ACT 2600

FOR MORE INFORMATION

Please contact: Australian Government Attorney-General's Department
 3-5 National Circuit, Barton ACT 2600
 Email: aml.reform@ag.gov.au
 Phone: (02) 6141 2707