

(CLASSIFICATION LEVEL)

**Amendment of Personal Record**

I....., Division / Bureau.....

Department.....Ministry.....

would like to inform the amendment of my previous personal record of Ror Por Phor 1 (รปภ.1) as follows :

.....  
.....  
.....  
.....

I do hereby certify that the aforesaid statement is true in all aspects.

Signature.....(Owner of Record)

Information Recording

Officer.....

Rank, Name and Position (BLOCK LETTER)

Signature.....

Date/Month/Year.....

(CLASSIFICATION LEVEL)

**Agreement of Understanding on Commencement of Duty**

1. I certify that I have been trained on security matters and understand my duties as well as my responsibility concerning overall security protection.

2. I hereby bear my responsibility in protecting official confidential matters to be obtain during my duty at .....(Government Agency) and would strictly follow the relevant security regulation(s).

3. I would not reveal any of official confidential matters to be obtained during my duty at .....(Government Agency) to unauthorized person, either in verbal, any written forms or any other means without permission of..... (Head of Government Agency)

4. When termination of my duty at ..... (Government Agency), I must submit all official confidential matters I obtained or made during my duty except those authorized to possess by .....(Head of Government Agency)

5. When termination of my duty at .....(Government Agency), I must remain protecting all official confidential matters obtained during my duty. In case of revealing such official confidential matter to unauthorized person intentionally or carelessly, I might be prosecuted by law(s).

Signature.....  
( )  
Owner of Record

Signature.....  
( )  
Officer in Charge

Signature..... (Witness)  
( )  
(Date/Month/Year).....

(CLASSIFICATION LEVEL)  
**Certificate of Confidence**

Government Agency		Certified Date (Date/Month/Year)
Name and Surname	Rank	Position
Military Insignia	Date of Birth	Place of Birth (City/Country/State)
Date of Completion of Inspection (Date/Month/Year)	Type of Inspection (fingerprint or etc./ Detailed inspection)	Official Inspection Agency
Level of permission approved to access official (CLASSIFICATION LEVEL) (top secret / secret / confidential or encryption)	Date of Approval (Date/Month/Year)	Previous level of which permitted to access official (CLASSIFICATION LEVEL)
Remarks ..... ..... .....		
Hereby certify that the above - mentioned person is qualified : <input type="checkbox"/> to access the above official (CLASSIFICATION LEVEL) <input type="checkbox"/> to access the above official coding level (encryption)		
Distribution:..... ..... .....	Approval Authority ( ) Position.....	

(Non-official translation)

Ror Por Phor 5

(ກປ.5)

(CLASSIFICATION LEVEL)

**Record of Confidence**

No.	Rank , Name	Position	Current level of permission approved to access official  (CLASSIFICATION LEVEL)	Date of Approval  (Date/Month/Year)	Previous level of permission approved to access official  (CLASSIFICATION LEVEL)	Remarks

Recording Officer.....

(Security Controller or Confidential Information Registrar)

(CLASSIFICATION LEVEL)

**Agreement of Understanding on Termination of Duty**

1. I certify that, as of the undersigned date, I no longer possess any kinds of official confidential matters belonging to ..... (Government Agency).

2. I clearly acknowledged and was informed by security supervisor of ..... (Government Agency) concerning the protection of confidential matters that I obtained, used to access, used on duty, or involved.

3. After termination of my duty as ..... (Position), I remain protecting the official confidential matters that I have obtained, used to access, used on duty or involved. I would not reveal or leak any official confidential matters that I obtained during my duty to any of unauthorized person.

4. I realize that in case of revealing or leaking out such official confidential matters to unauthorized persons intentionally or carelessly, I might be prosecuted by law(s).

5. In case of any attempt by unauthorized person to access or approach me to reveal official confidential matters, I will duly report to authorities concerned.

Signature.....

(  
Owner of Record )

Signature.....

(  
Officer in Charge )

Signature..... (Witness)

(  
(Date/Month/Year) )