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SECRET

201 PERSONALITY FILE ACTION REQUEST						NOTE: SEE INSTRUCTIONS ON REVERSE SIDE TYPE OR PRINT			
TO: RID/201 Section, Room GA-20 Tube Address, DN-6						DATE			
FROM: Name		OFFICE		ROOM		PHONE		TUBE ADDRESS	
<input type="checkbox"/> OPEN <input type="checkbox"/> AVOID <input type="checkbox"/> CLOSE		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			
4. TRUE NAME (Last) (First) (Middle)						5. 201 NO.			
6. NAME VARIANTS AND TELECODES (see Instructions, Item 6)									
TYPE	(Last)		(First)		(Middle)				
#1									
#2									
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#2									
7. SFR #1		8. DATE OF BIRTH #2		9. COUNTRY OF BIRTH #1		10. CITY/TOWN OF BIRTH #1			
11. CITIZENSHIP #1		12. OCCUPATION (clear text) #1		OCC. CODE #2		13. SWL #1		14. CODE #1	
15. DOCUMENT SYMBOL & NUMBER #1		DATE		16. RESIDENCE #1					
17. COMMENTS (text for Index cards)									
18. COUNTRY OF LOCATION #1		CODE #1		19. ACTION DESK #1		CODE #1		20. SECONDARY DESK #1	
21. INFORMATION ADDRESSEES #1 & C1									
22. CRYPTONYM									
HAND CARRY OR FORWARD BY TUBE IF TRUE NAME APPEARS ABOVE.									
23. SIGNATURE OF REQUESTER						201 NO.			

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