# Public Customer Registration Report

| Date of Registration: 18/08/2022 | Medicare Card No: 2428654261 | Medicare Expiry: | Concession Card Number: | Concession Card Expiry: | Title: Mr | Surname: Ng | Given Name: Ho |
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**Address: Unit 1 Point Lonsdale Square**

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| Suburb: Point Lonsdale | State: VIC | Postcode: 3225 |

**Mobile: 0400 000 000**

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| Home Phone: | Work Phone: | Email: |

**Emergency Contact: Ng, Ho**

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|---|---|---|
| Mobile: 0400 000 000 | Home Phone: | Work Phone: |

**Relationship: Son**

**Preferred Contact Method: Mobile**

**Preferred Language: English**

**Interpreter Required: No**

**Interpreter Language:**

**Aboriginal or Torres Strait Islander: No**

**Veteran: No**

**Veteran Card Number:**

**Veteran Card Expiry:**

**Veteran Card Type:**

**Veteran Card Colour:**

**Veteran Card Accepted: No**

**Veteran Card Accepted Reason:**

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