



**DEPARTMENT OF EMERGENCY MANAGEMENT**

**LIAISON OFFICER 2017 – 2018**

**MINISTRY/ DEPARTMENT/ STATUTORY BOARD / AGENCY**

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**Address** .....

**Tel** ..... **(W)** ..... **(C)** **Fax No** .....

**Email Address** .....

**LIAISON OFFICER**

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**DEPUTY LIAISON OFFICER**

**Name**..... **Post**.....

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