

ICAO  
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Passport

Passeport Pasaporte

护照 Паспорт جواز سفر



JAMAICA

PORT KINGSTON

Caribbean Sea

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## Traveller Identification Programme

Regional Seminar Montego Bay



# The Latest Trends in Fraudulent Documents and Methods

**Anthony McLaughlin**

*Superintendent of Police*

ICAO TRIP: Making the Air Travel more Secure and Efficient

TOWARDS A BETTER TRAVELLER IDENTIFICATION MANAGEMENT

FOR ENHANCED BORDER CONTROL INTEGRITY





# What is Fraud?

- According to the Merriam Webster Dictionary of Law Fraud is “Any act” expression, omission, or concealment calculated to deceive another to his or her disadvantage”
- Making of material gains by unfair means or the intentional taking of something of value from another person by guile, deception or other unfair means.



# Identity Theft

- As defined by the Oxford dictionary, identity theft is the stealing of someone's personal data by someone who wants to use it for their own benefit or that of another.



# Identity Theft

- For the past decade identity theft has been one of the major type of document Frauds which the Jamaica Constabulary Force has to address.
- This came to the fore with the advent of the Taxpayer Registration Number (TRN).



# Reasons For Identity Theft

- Steal real estate
- Persons who are deported and needs a new identity to assist them in re-entering a foreign country.
- Steal customers money from financial institution
- To acquire a person's social status
- To deprive persons of their wealth
- Failure to have themselves registered at birth



# Obligations of Businesses/Government

- To protect clients information and money and/or assets
- To ensure that clients' identity is secure
- To restrict the movement of persons cross borders using fraudulent documents
- To prevent illicit transactions
  - Terrorist Financing
  - Money Laundering



SECTION A		FOR OFFICIAL USE ONLY	
1. SURNAME: <u>ROSE</u>		109-078-837	
FIRST NAME: <u>MYAC T. J. TH</u>		3. INDICATE REASON FOR NAME CHANGE	
MIDDLE NAME (S): <u>DAVID L. B.</u>		4. SEX	
2. NAME AT BIRTH (if different from above)		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/>	
SURNAME:		5. MARITAL STATUS	
FIRST NAME:		<input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED	
MIDDLE NAME (S):		6. DATE OF BIRTH	
8. PARISH OF BIRTH		7. COUNTRY OF BIRTH	
<u>Chapman</u>		JAMAICA <input checked="" type="checkbox"/> (If other, please specify) <input type="checkbox"/>	
10. NATIONALITY		9. PLACE OF BIRTH	
JAMAICAN <input type="checkbox"/> (If other, please specify) <input checked="" type="checkbox"/>		<u>Chapman Hospital</u>	
12. HOME ADDRESS		11. TELEPHONE NUMBER (S)	
<u>Mill Side Dist</u>		HOME <input type="checkbox"/> WORK <input type="checkbox"/>	
<u>Savannah</u>		13. MAILING ADDRESS (if different from home address)	
<u>St Thomas</u>		<u>Mill Side Dist</u>	
14. MOTHER'S MAIDEN NAME: <u>ROSE</u>		<u>Savannah</u>	
FIRST NAME: <u>Guendilyn</u>		<u>St Thomas</u>	
MIDDLE NAME (S): <u>ROSE</u>		15. SPOUSE'S SURNAME:	
16. FIS NUMBER:		FIRST NAME:	
INCOME TAX REFERENCE NO.:		MIDDLE NAME (S):	
18. OCCUPATION / PROFESSION		17. DRIVER'S LICENCE NUMBER:	
<u>House Wife</u>		NATIONAL ID NUMBER: <u>1940926</u>	
CODE		PASSPORT NUMBER & TYPE:	
		Jamaican <input type="checkbox"/> Other <input checked="" type="checkbox"/> (If other, please specify) <input type="checkbox"/>	
		19. DO YOU CARRY ON A TRADE / BUSINESS / PROFESSION?	
		YES <input type="checkbox"/> IF YES, complete Sections B & C, See Instructions	
		NO <input checked="" type="checkbox"/> IF NO, complete Section C overleaf	
FOR OFFICIAL USE ONLY			
IDENTIFICATION PRESENTED		DOCUMENTATION PRESENTED	
<input type="checkbox"/> DRIVER'S LICENCE <input checked="" type="checkbox"/> NATIONAL ID <input checked="" type="checkbox"/> PASSPORT <input type="checkbox"/> OTHER (To be specified hereon and authorized in writing by senior management official)		<input type="checkbox"/> INCOME TAX CARD <input type="checkbox"/> NIS REFERENCE CARD <input type="checkbox"/> BUSINESS NAME REGISTRATION CERTIFICATE <input checked="" type="checkbox"/> NEW	
		REMARKS	
		STAMP - RECEIVING OFFICE	



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**DMV CALIFORNIA DMV**

EXPIRES 08-20-07 **B3492016** CLASS: C

JEFFREY JENNINGS  
9608 SPARKANE AVE  
BAKERSFIELD CA 93312

SEX: M HAIR: BLK EYES: BRN  
HT: 6-01 WT: 239 DOB: 08-20-69

*J. Jennings*  
01/29/2003 609 32/ 15/07

**Illinois**

Jesse White - Secretary of State

NUMBER: B714-9586-6483 ISSUED: 06-24-03 EXPIRES: 11-10-07

JOSEPH S BELASKI  
460 WINDY POINT DR  
GLENDALE HTS IL 60139

Birthdate: 11-10-70 SSN: 330-14-9824  
Male A6015-250 A BRN Eyes  
w/Restrict State with (06) ORG D

*J. Belaski*

**DMV CALIFORNIA DMV**

EXPIRES 11-17-07 **A6751210** CLASS: C

JASON M LEE  
910 MILWOOD AVE  
VENICE CA 90291

SEX: M HAIR: BLK EYES: BRN  
HT: 6-01 WT: 250 DOB: 11-17-77

*Jason Lee*  
12/13/2003 605 20 FDV07

**DMV CALIFORNIA DMV**

EXPIRES 04-25-07 **A5432643** CLASS: C

MAX PERELL  
201 NLA PEER DR #204  
SEVERLY HILLS CA 90211

SEX: M HAIR: BLK EYES: BRN  
HT: 6-01 WT: 250 DOB: 04-25-70

*Max Perell*  
12/13/2003 605 20 FDV07

**Illinois**

Jesse White - Secretary of State

NUMBER: B544-7586-5432 ISSUED: 06-24-01 EXPIRES: 01-19-07

MIKE BENNER  
4109 ROYAL TROON CT  
SAINT CHARLES IL 60174

Birthdate: 01-19-47 SSN: 340-36-0563  
Male 6-01 250 BRN Eyes  
w/Restrict State with (06) ORG D

*Mike Benner*

**DMV CALIFORNIA DMV**

EXPIRES 09-01-07 **A6751210** CLASS: C

GARY L SUTTER  
219 ROWLAND CANAL  
VENICE CA 90291

SEX: M HAIR: BLK EYES: BRN  
HT: 6-01 WT: 250 DOB: 09-01-78

*Garry Sutter*  
12/13/2003 605 20 FDV07

**DMV CALIFORNIA DMV**

EXPIRES 09-19-07 **C6711094** CLASS: C

CLIFF M SPENCER  
20 29TH AVE #306  
VENICE CA 90291

SEX: M HAIR: BLK EYES: BRN  
HT: 6-01 WT: 250 DOB: 09-19-69

*Cliff Spencer*  
12/13/2003 605 20 FDV07

**Illinois**

Jesse White - Secretary of State

NUMBER: N714-9586-6483 ISSUED: 06-24-03 EXPIRES: 09-19-07

PAUL J NELMS  
380 HEARNER CT # B2  
SCHAUMBURG IL 60193

Birthdate: 09-19-69 SSN: 412-35-7873  
Male A6015-250 A BRN Eyes  
w/Restrict State with (06) ORG D

*Paul Nelms*

**DMV CALIFORNIA DMV**

EXPIRES 02-22-08 **B7309028** CLASS: C

ALVARO G MEDINA  
7712 ANGORAS CT  
BAKERSFIELD CA 93306

SEX: M HAIR: BLK EYES: BRN  
HT: 6-01 WT: 250 DOB: 02-22-66

*A. Medina*

# Traveller Identification Programme

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### DEED POLL DECLARING CHANGE OF NAME

KNOW ALL MEN BY THESE PRESENTS which is intended to be recorded in the Island Record Office, Twickenham Park, Jamaica West Indies.

That I **ALPHANSO PATRICK BURTON** of Lot 18 Clarendon Gardens in the parish of Clarendon who was described in the registry by the entry in the Registration Form KAF 1290 of a birth in the district of Junction in the parish of St. Elizabeth on the Twenty-sixth day of December, 1972 as "**DELROY DAVE BURTON**" when it should have been "**ALPHANSO PATRICK BURTON**" the male child of ALMA ROBINSON.

DO HEREBY ABSOLUTELY RENOUNCE and ABANDON the use of the Christian and Middle name of "**DELROY DAVE**" and in lieu thereof ASSUME as from as the date hereof "**ALPHANSO PATRICK**".

AND IN PURSUANCE of such change of Christian and Middle name as aforesaid I HEREBY DECLARE that I shall at all times hereafter in all records deeds and in instruments in writing and in all actions and proceedings and in all dealings and transactions and upon all occasions whatsoever use and sign the Christian, Middle and Surname of "**ALPHANSO PATRICK BURTON**".

I THEREFORE HEREBY EXPRESSLY AUTHORISE AND REQUIRE all persons whomsoever to designate describe and address me by the Christian, Middle and Surname of "**ALPHANSO PATRICK BURTON**".

IN WITNESS WHEREOF I have signed the Christian, Middle and Surname of "**ALPHANSO PATRICK BURTON**" and have set my hand and affixed my seal this 11th day of July Two Thousand and Seven.

SIGNED, SEALED and DELIVERED by the said )

**ALPHANSO PATRICK BURTON** in the presence of ALPHANSO PATRICK BURTON

of:-

[Signature]  
JUSTICE OF THE PEACE FOR THE PARISH OF



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DO NOT WRITE  
BEGIN

4. Place of Birth... *Red Hills*  
5. Date of Birth... *Ninth January 1971*  
6. Sex... *Female*  
7. Name of Child... *Hyacinth Angella*  
8. Physician or registered midwife in attendance... *nil*  
9. Name and Surname... *Burchell Rosewell*  
10. Age at time of birth... *28*  
11. Occupation... *Farmer*  
12. Birthplace... *Clarendon*  
13. (a) Residence... *Red Hills*  
(b) Town or Village... *Clarendon*  
(c) Parish... *Clarendon*  
14. No. of Children previously born to mother (a) Alive... *3*  
(b) Still-born... *nil*  
15. Name and Maiden Surname... *Gwendolyn Ricketts*  
16. Age at time of birth... *21*  
17. Occupation... *Homemaker*  
18. Birthplace... *Clarendon*  
19. Name and Surname... *(a) Burchell Rosewell*  
*(b) Gwendolyn Ricketts*  
20. Qualification... *(a) Father (b) Mother*  
21. (a) Residence... *(a) (b) Red Hills*  
(b) Town or Village... *Clarendon*  
(c) Parish... *Clarendon*  
*Burchell & Rosewell Gwendolyn Ricketts*  
*Mark Will*  
22. (a) Signed in my presence by the said informant... *S*  
(b) Entered by me from the particulars on a Certificate received from...  
23. Witness... *Eighteenth March 1971*  
24. Date... *18th March 1971*  
NAME IF ADDED AFTER REGISTRATION OF BIRTH  
26. Name...  
27. Authority...  
28. Date added...

Issue Date:  
22nd August, 2005

Department  
**BIRTH REGISTRATION FORM**  
1. BIRTH IN THE DISTRICT OF CROOKED RIVER 2. PARISH: CLARENDON  
3. NO. HY 1827 4. Place of Birth: RED HILLS 5. Date of Birth: NINTH JANUARY, 1971 6. Sex: FEMALE  
7. Name of Child: HYACINTH ANGELLA \*\*\*  
8. Physician or registered midwife in attendance: NIL  
9. Name and Surname: BURCHELL ROSE \*\*\*  
10. Age at time of birth: 28 YEARS 11. Occupation: FARMER  
12. Birthplace: CLARENDON  
13. (a) Residence: RED HILLS  
(b) Town/Village: nil  
(c) Parish: CLARENDON  
14. No. of Children previously born to mother (a) Alive: 3 (b) Still-born: nil  
15. Name and Surname: GWENDOLYN RICKETTS \*\*\*  
Maiden Name: nil  
16. Age at time of birth: 21 YEARS  
17. Occupation: HOMEDUTIES 18. Birthplace: CLARENDON  
INFORMANT(S)  
19. Name and Surname: BURCHELL ROSE \*\*\* GWENDOLYN RICKETTS \*\*\*  
20. Qualification: FATHER MOTHER  
(a) Residence: RED HILLS RED HILLS  
(b) Town/Village: nil nil  
(c) Parish: CLARENDON CLARENDON  
22. (a) Signed in my presence by said informant:  
23. Witness: nil  
24. Date: EIGHTEENTH MARCH, 1971 Signed by Registrar  
Name if added after Registration of Birth  
26. Name: nil  
27. Authority: nil 28. Date Added: NIL  
Last line of Vital Data  
Patricia P. Holness  
Registrar General & Deputy Keeper of the Records  
THIS IS A CERTIFICATE OF THE RECORDS OFFICIALLY REGISTERED IN THE REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA  
A 2371495  
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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### DESCRIPTIVE FORM

(LETTER NUMERICALS)

191. ✓ PRISON NO. 4. 91-3529. CON. REG. NO: .....  
(IN CASE OF CONVICTS)

ALIASES: ..... Blair, Charmaine

DATE AND PLACE OF BIRTH: 7/2/74, Black River, Hwt. TRADE OR OCCUPATION: Unemployed  
HEIGHT: 5'6" COMPLEXION: Fair HAIR: Black

### PARTICULARS OF PRESENT CONVICTIONS:

SENTENCE: Three (3) months  
COURT: Highway Jury, St. Andrew. DATE: 22-1-91  
PLACE OF COMMITTAL: St. George's, P.R. DATE: 20-1-91  
OFFENCE: Unlawful Stealing

DISTINCTIVE  
MARK

RIGHT

Pierced ear

RIGHT SIDE

S.M. Scars on lower arm,  
knee, thigh and foot.

PECULARITIES

LEFT

Pierced ear, Scar under  
chin.

LEFT SIDE

Scars on lower arm, knee  
and thigh

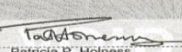

DATE OF DISCHARGE: 22.1.91

SUPPLEMENT 'A' .....

REFERENCE: .....

P.D. LICENCE EXPIRES: .....

CONVICT LICENCE EXPIRES: 21.1.91

JAMAICA		CERTIFICATION OF VITAL RECORD	
Registrar General's Department			
BIRTH REGISTRATION FORM			
1. BIRTH IN THE DISTRICT OF: <b>BLACK RIVER</b>		2. PARISH: <b>ST. ELIZABETH</b>	
3. NO. <b>KA 9311</b>		4. Place of Birth: <b>PUBLIC GENERAL HOSPITAL BLACK RIVER</b>	
5. Date of Birth: <b>SEVENTH FEBRUARY, 1975</b>		6. Sex: <b>FEMALE</b>	
7. Name of Child: <b>CHARMAINE REBECCA BLAKE ***</b>			
8. Physician or registered midwife in attendance: <b>NURSE S. GAYLE</b>			
9. Name and Surname: <b>FATHER</b>			
10. Age at time of birth: <b>nll</b>		11. Occupation: <b>nll</b>	
12. Birthplace: <b>nll</b>		<b>MOTHER</b>	
13. (a) Residence: <b>BARBARY HALL</b>			
(b) Town/Village: <b>nll</b>		(c) Parish: <b>ST. ELIZABETH</b>	
14. No. of Children previously born to mother (a) Alive: <b>3</b>		(b) Still-born: <b>nll</b>	
15. Name and Surname: <b>ICILDA BROWN ***</b>			
Maiden Name: <b>nll</b>		16. Age at time of birth: <b>27 YEARS</b>	
17. Occupation: <b>DOMESTIC</b>		18. Birthplace: <b>ST ELIZABETH</b>	
19. Name and Surname: <b>nll</b>		INFORMANT(S) <b>nll</b>	
20. Qualification: <b>nll</b>		<b>nll</b>	
21. (a) Residence: <b>nll</b>		<b>nll</b>	
(b) Town/Village: <b>nll</b>		<b>nll</b>	
(c) Parish: <b>nll</b>			
REGISTRAR'S CERTIFICATE			
22. (b) Entered by me from the particulars on a Certificate received from: <b>H ROY FRANCIS</b>		<b>FOR CHIEF RESIDENT OFFICER</b>	
23. Witness: <b>nll</b>		Signed by Registrar	
24. Date: <b>TWENTY-FIFTH FEBRUARY, 1975</b>		Name if added after Registration of Birth	
26. Name: <b>nll</b>			
27. Authority: <b>nll</b>		28. Date Added: <b>NIL</b>	
Last line of Vital Data			
 Patricia P. Holmes			
Registrar General & Deputy Keeper of the Records			



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# Contact Details

Name:Anthony McLaughlin

Email:[anthony.mclaughli@jcf.gov.jm](mailto:anthony.mclaughli@jcf.gov.jm)