

APPLICATION: POLICE CLEARANCE CERTIFICATE

DETAIL OF THE APPLICANT (Certified copy of RSA ID document or Passport must be attached)		
SURNAME:		
FULL NAME/S:,		
FULL NAME/S:,,	M	MUST MAIDEN NAME BE INCLUDED (X) YES NO
(Copy of marriage certificate must be	attached if applic	icable and when required on certificate.)
DATE OF BIRTH Y Y M M	D D	COUNTRY OF BIRTH :
CELL NUMBER OF APPLICANT:		
RSA IDENTITY NUMBER		
PASSPORT NUMBER		
PASSPORT NUMBER		
DDOOF OF DAVAGENT WITH DESCRIPT AN IMPOSE		
PROOF OF PAYMENT WITH RECEIPT NUMBER:		a Police Clearance Certificate is requested)
REASON FOR APPLICATION (M	otivate why	a Police Clearance Certificate is requested)
METHOD AND ADDD	-00 FOD 1	DETURN OF OFFICIALE
METHOD AND ADDRI	ESS FOR F	RETURN OF CERTIFICATE
SELECT ONE OF THE FOLLOWING OPTIO	NS (MARK V	NITH "X")
OPTION	SELECT	COMPULSORY INFORMATION IF SELECTED
RETURN TO SAPS STATION WHERE APPLIED	X	CORRECT POSTAL ADDRESS AND CONTACT PERSON AT
		THE STATION MUST BE PROVIDED BELOW
KEEP FOR COLLECTION BY APPLICANT AT		PROOF OF IDENTITY WILL BE REQUIRED UPON
CLIENT SERVICE CENTRE IN PRETORIA (24/7)		COLLECTION (Certificate will be destroyed after 3 months if not collected)
KEEP FOR COLLECTION BY NOMINATED		PROVIDE PARTICULARS AND RSA ID NUMBER OF
PERSON AT CLIENT SERVICE CENTER IN		NOMINEE. PROOF OF IDENTITY WILL BE REQUIRED
PRETORIA (24/7)	ľ	UPON COLLECTION (Certificate will be destroyed after 3 months if not collected)
KEEP FOR COLLECTION BY COURIER		NAME OF COMPANY MUST BE PROVIDED BELOW.
COMPANY - COSTS TO APPLICANT		(Certificate will be destroyed after 3 months if not collected)
POST CERTIFICATE TO APPLICANT		CORRECT POSTAL ADDRESS MUST BE PROVIDED
PREFERRED PRIVATE ADDRESS		BELOW. (ONLY AVAILABLE IN RSA)
ADDRESS: SAPS		PRIVATE ADDRESS
THE STATION COMMANDER		Mr / Ms
THE STATISTIC SOUND WEEK		1011 7 1013
		:
A CONTRACTOR OF THE CONTRACTOR		
POSTAL CODE		
CONTACT TEL NUMBER		POSTAL CODE
NAME OF COURIER COMPANY	1	
		* * *
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SIGNATURE OF APPLICANT		DATE