SAPS

APPLICATION: POLICE CLEARANCE CERTIFICATE

DETAIL OF THE APPLICANT (Certified copy of RSA ID document or Passport must be attached)

SURNAME: _____

FULL NAME/S: _____, _____, _____

MAIDEN NAME: _____ MUST MAIDEN NAME BE INCLUDED (X) | YES | NO |

(Copy of marriage certificate must be attached if applicable 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													

PROOF OF PAYMENT WITH RECEIPT NUMBER: _____ IS ATTACHED

REASON FOR APPLICATION (Motivate why a Police Clearance Certificate is requested)

_____

_____

METHOD AND ADDRESS FOR RETURN OF CERTIFICATE

SELECT ONE OF THE FOLLOWING OPTIONS (MARK WITH "X")

OPTION	SELECT X	COMPULSORY INFORMATION IF SELECTED
RETURN TO SAPS STATION WHERE APPLIED		CORRECT POSTAL ADDRESS AND CONTACT PERSON AT THE STATION MUST BE PROVIDED BELOW
KEEP FOR COLLECTION BY APPLICANT AT CLIENT SERVICE CENTRE IN PRETORIA (24/7)		PROOF OF IDENTITY WILL BE REQUIRED UPON COLLECTION (Certificate will be destroyed after 3 months if not collected)
KEEP FOR COLLECTION BY NOMINATED PERSON AT CLIENT SERVICE CENTER IN PRETORIA (24/7)		PROVIDE PARTICULARS AND RSA ID NUMBER OF NOMINEE. PROOF OF IDENTITY WILL BE REQUIRED UPON COLLECTION (Certificate will be destroyed after 3 months if not collected)
KEEP FOR COLLECTION BY COURIER COMPANY – COSTS TO APPLICANT		NAME OF COMPANY MUST BE PROVIDED BELOW. (Certificate will be destroyed after 3 months if not collected)
POST CERTIFICATE TO APPLICANT PREFERRED PRIVATE ADDRESS		CORRECT POSTAL ADDRESS MUST BE PROVIDED BELOW. (ONLY AVAILABLE IN RSA)

ADDRESS: SAPS	PRIVATE ADDRESS
THE STATION COMMANDER	Mr / Ms
POSTAL CODE	
CONTACT TEL NUMBER	POSTAL CODE

NAME OF COURIER COMPANY _____

_____ _____

SIGNATURE OF APPLICANT DATE