

- The certificate of expungement issued by the Director-General will be submitted to the head of the Criminal Record Centre of the South African Police Service within 14 working days.
- If the application for expungement is refused, the person will be informed by post of this decision and reasons for the decision.-
- The head of the Criminal Record Centre of the South African Police Service will, within 21 working, days confirm to the person in writing that the conviction(s) and sentence(s) in question has/have been expunged.

**Note: Failure to complete the form in full or to attach the required documents may cause the application for expungement to be delayed.**

**PART II**

**APPLICATION FOR EXPUNGEMENT OF A CRIMINAL RECORD IN TERMS OF SECTION 271B OF THE CRIMINAL PROCEDURE ACT, 1977 (ACT NO. 51 OF 1977)**

*(If the space provided is insufficient, information should be supplied on a separate page)*

(i) I, .....  
 (full name and surname of applicant),  
 ID Number. ....  
 or Passport number .....  
 or Date of birth .....

was convicted of the following offence(s) and on date(s) appearing below:

OFFENCE	DATE

(ii) The following sentence(s) was imposed on me:

**Mark the sentence(s) imposed with an X**

- The passing of the sentence was postponed.
- Cautioned and discharged.
- Fine imposed did not exceed R 20 000. The fine imposed was R .....
- Corporal punishment (lashes).

Imprisonment of ..... with the option of a fine not exceeding the amount of R20 000. The fine was R .....

Sentence of imprisonment was wholly suspended.

Correctional supervision.

Periodical imprisonment.

A period of .....years has lapsed after the date of my conviction.

(iii)  I have not been convicted during the 10 year period of any other offence and been sentenced to a period of imprisonment without the option of a fine.

(iv) A clearance certificate bearing Enquiry No: ..... issued on ..... obtained from the Criminal Record Centre of the South African Police Service reflecting that a period of 10 years has lapsed after the date of the conviction is attached.

**\* Delete whichever is not applicable/ Mark applicable with an X**

(v)  \* I was not convicted of a sexual offence against a child or a person who is mentally disabled, and my name is not included in the National Register for Sex Offenders.

\* I was convicted of a sexual offence against a child or a person who is mentally disabled and my name was included in the National Register for Sex Offenders on ..... and removed from the said register on ..... Confirmation from the Registrar is attached.

(vi)  \* I was not found unsuitable to work with children by a criminal court and my name is not included in the National Child Protection Register.

\* I was found unsuitable to work with children by a criminal court and my name was included in the National Child Protection Register on ..... and removed from the said register on ..... Confirmation from the Director-General: Social Development is attached.

(vii)  I request that a certificate of expungement be issued directing that the conviction be expunged from my record in terms of section 271B(2) of the Act.

**PART III**

**PERSONAL AND CONTACT DETAILS OF THE APPLICANT**

(i) **PERSONAL DETAILS**

Surname: .....

Full names: .....

ID Number: .....

or Passport number: .....

or Date of birth: .....

(ii) **CONTACT DETAILS**

Residential address: .....

.....

..... Postal code.....

Postal address: .....

.....

..... Postal code.....

Telephone numbers:

Work: .....

Home: .....

Cell phone: .....

E-mail address: .....

Fax number: .....

Signed at ..... this ..... day of ..... year .....

.....  
**SIGNATURE (Applicant)**

**Part IV**

**For official use only:** Reference No .....

**NAME OF APPLICANT:** .....

**(i) Responsible official: Recommendation**

.....  
.....  
.....  
.....  
.....

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

**(ii) Checking official: Recommendation**

.....  
.....  
.....  
.....  
.....

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

**(iii) Director – General: Decision**

\* I am satisfied that .....

(name of applicant)

complies with the criteria set out in section 271B(1) for the issuing of a certificate of expungement and I therefore direct that the particular offence(s) and sentence(s) in question on his/her criminal record be expunged.

I therefore, in terms of section 271B(2), issue the attached certificate of expungement. I request that ..... (assigned official) submit the certificate to the head of the Criminal Record Centre to be dealt with in accordance with section 271D of the Act.





## LIMITED POWER OF ATTORNEY

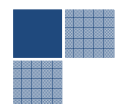
I, .....[YOUR FULL LEGAL NAME], residing at  
..... [YOUR FULL ADDRESS],  
and whose identity number is duly reflected as being ..... ,  
hereby appoint **LEON ALHADEFF**, a duly authorised and competent representative of GLOBAL  
INTELLIGENCE, whose identity number is duly reflected as being 680306 5114 085, to act in the  
capacity as my Agent.

My Agent shall have full power and authority to act on my behalf. This power and authority shall by  
virtue of such be limited in nature and capacity to the management of and to exercise all of my legal  
rights and powers, including all rights and powers that I may acquire in the future in terms of liaison  
with the SOUTH AFRICAN POLICE FORCE, the SOUTH AFRICAN POLICE FORCE CRIMINAL RECORDS  
CENTER, the DEPARTMENT OF JUSTICE AND CONSTITUTIONAL DEVELOPMENT and or their  
appointed representatives specifically in terms of my application for expungement of a criminal  
record in respect to and in terms of section 271B (1) OF THE CRIMINAL PROCEDURE ACT, 1977 (ACT  
NO. 51 OF 1977).

In terms of this power and authority, I do specifically authorise and mandate my agent:

- TO OBTAIN INFORMATION OR DOCUMENTS FROM ANY GOVERNMENT OR ITS AGENCIES  
AND OR ITS APPOINTED REPRESENTATIVES PURSUANT TO MY APPLICATION FOR  
EXPUNGEMENT OF A CRIMINAL RECORD IN RESPECT TO AND IN TERMS OF SECTION 271B  
(1) OF THE CRIMINAL PROCEDURE ACT, 1977 (ACT NO. 51 OF 1977).

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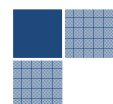
- TO PREPARE SUCH APPLICATIONS, PROVIDE INFORMATION, AND PERFORM ANY OTHER ACT REASONABLY REQUESTED BY ANY GOVERNMENT OR ITS AGENCIES AND OR ITS APPOINTED REPRESENTATIVES, IN TERMS OF MY APPLICATION FOR EXPUNGEMENT OF A CRIMINAL RECORD IN RESPECT TO AND IN TERMS OF SECTION 271B (1) OF THE CRIMINAL PROCEDURE ACT, 1977 (ACT NO. 51 OF 1977).
- TO PREPARE, SIGN, AND FILE DOCUMENTS WITH ANY GOVERNMENTAL BODY OR AGENCY AND OR ITS APPOINTED REPRESENTATIVES SPECIFICALLY IN TERMS OF MY APPLICATION FOR EXPUNGEMENT OF A CRIMINAL RECORD IN RESPECT TO AND IN TERMS OF SECTION 271B (1) OF THE CRIMINAL PROCEDURE ACT, 1977 (ACT NO. 51 OF 1977).

My Agent shall not be liable for any loss that results from a judgment error that was made in good faith. However, my Agent shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Power of Attorney.

I indemnify and hold harmless my appointed and duly authorised Agent to any claim, irrespective of nature and or origin and I do by virtue of such authorise my Agent to indemnify and hold harmless any third party who accepts and acts under auspices of this document.

My Agent shall be entitled to reasonable compensation for any services provided as my Agent. My Agent shall be entitled to reimbursement of all reasonable expenses incurred in connection with this Power of Attorney.

← INITIAL HERE



This Power of Attorney shall continue effective until such a time that the mandate in terms of my application for expungement of a criminal record in respect to and in terms of section 271B (1) OF THE CRIMINAL PROCEDURE ACT, 1977 (ACT NO. 51 OF 1977) has been fulfilled.

This Power of Attorney may be revoked by me at any time by providing written notice to my Agent.

YOUR FULL LEGAL NAME \_\_\_\_\_  
IDENTITY NUMBER \_\_\_\_\_

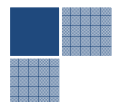
YOUR SIGNATURE \_\_\_\_\_ DATED \_\_\_\_\_

WITNESS FULL LEGAL NAME \_\_\_\_\_  
WITNESS IDENTITY NUMBER \_\_\_\_\_

WITNESS SIGNATURE \_\_\_\_\_ DATED \_\_\_\_\_

WITNESS 2 FULL LEGAL NAME \_\_\_\_\_  
WITNESS 2 IDENTITY NUMBER \_\_\_\_\_

WITNESS 2 SIGNATURE \_\_\_\_\_ DATED \_\_\_\_\_





On this day, the ..... [DATE] day of ..... [MONTH], 20 ..... [YEAR], Mr/ Mrs  
.....[YOUR FULL LEGAL NAME], residing at  
..... [YOUR FULL ADDRESS],  
and whose identity number is duly reflected as being ..... ,  
stood before me, and executed the foregoing instrument.

Mr/ Mrs .....[YOUR FULL LEGAL NAME],  
acknowledged that he or she executed said instrument specifically and knowingly for the purposes  
defined therein and was of sound mind and body at this time.

