



SOUTH AFRICAN POLICE SERVICE

ENQUIRY

TO BE COMPLETED IN BLOCK LETTERS

Full name and surname					OFFICE USE ONLY													
Identity number <table border="1" style="display: inline-table; border-collapse: collapse; width: 300px; height: 20px;"><tr><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr></table>															FIMS Enq. No. /			
Town and country of birth					Barcode No.													
Address					Received		Verify											
Date of birth..... Race: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 15px;">B</td><td style="width: 20px; height: 15px;">C</td><td style="width: 20px; height: 15px;">I</td><td style="width: 20px; height: 15px;">W</td></tr></table> Gender <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 15px;">M</td><td style="width: 20px; height: 15px;">F</td></tr></table>					B	C	I	W	M	F	FIMS		Validate					
B	C	I	W															
M	F																	
Have you ever been convicted of any offence? If so, state place, date and sentence:					<i>Signature of applicant</i>													
I certify that the above applicant's signature was placed on this form in my presence and his/her fingerprints taken by me. <p style="text-align: center;">..... <i>Signature of official responsible</i></p>																		
Initials and surname..... Designation.....																		
Business address (Street address)																		
Date Place.....																		
LEFT THUMB		Reason for enquiry: Require AFISWITCH / FINGER PRINT CLEARANCE FROM GLOBAL INTELLIGENCE					RIGHT THUMB											
Fold																		
Thumb		Forefinger		Middle finger		Ring finger		Little finger										
1		2		3		4		5										
RIGHT HAND							RIGHT HAND											
Fold																		
6		7		8		9		10										
LEFT HAND							LEFT HAND											
Fold																		
Left hand (Plain impressions of four fingers taken simultaneously)					Right hand (Plain impressions of four fingers taken simultaneously)													