



**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
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 COUNTRY OF BIRTH: \_\_\_\_\_

CELL NUMBER OF APPLICANT: \_\_\_\_\_

RSA IDENTITY NUMBER																			
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PASSPORT NUMBER																			
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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	<input type="checkbox"/>	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)	<input type="checkbox"/>	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)	<input type="checkbox"/>	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	<input type="checkbox"/>	NAME OF COMPANY MUST BE PROVIDED BELOW. (Certificate will be destroyed after 3 months if not collected)
POST CERTIFICATE TO APPLICANT PREFERRED PRIVATE ADDRESS	<input type="checkbox"/>	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