



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: 150px; height: 15px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </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>B</td><td>C</td><td>I</td><td>W</td></tr></table> Gender: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>F</td></tr></table>					B	C	I	W	M	F	FIMS		Validate															
B	C	I	W																									
M	F																											
					Scan		SRE																					
Statement by the person whose fingerprints are taken: * I have not been convicted of any offence. * I have been convicted of (state place, date and sentence).....																												
I unconditionally indemnify the South African Police Services and all its members, employees as well as the Government of the Republic of South Africa against any liability which results or may result from furnishing information in this regard.																												
Signature of applicant..... Cell phone no of applicant..... * Delete which is not applicable																												
I certify that the above applicant's signature was placed on this form in my presence and his/her fingerprints taken by me.					These finger- and palm prints MUST be checked for quality by a senior member at the station BEFORE the individual is released. If unsuitable the prints MUST be retaken.																							
..... (Signature of official responsible)					Checked by																							
Initials and surname.....					PERSAL no.....																							
Designation.....																												
Business address..... (Street address)																												
LEFT THUMB		<i>Reason for enquiry:</i>					RIGHT THUMB																					
Fold							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)																							