



SOUTH AFRICAN POLICE SERVICE

ENQUIRY

TO BE COMPLETED IN BLOCK LETTERS

Full name and surname..... Identity number <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px; height: 20px;"><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> Town and country of birth..... Address..... Date of birth..... Race: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><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; text-align: center;"><tr><td>M</td><td>F</td></tr></table>																					B	C	I	W	M	F	OFFICE USE ONLY
B	C	I	W																								
M	F																										
	FIMS Enq. No. /																										
	Barcode No.																										
	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td>Received</td> <td> </td> <td>Verify</td> <td> </td> </tr> <tr> <td>FIMS</td> <td> </td> <td>Validate</td> <td> </td> </tr> <tr> <td>Scan</td> <td> </td> <td>SRE</td> <td> </td> </tr> </table>	Received		Verify		FIMS		Validate		Scan		SRE															
Received		Verify																									
FIMS		Validate																									
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)
 Initials and surname Checked by PERSAL no.....
 Designation
 Business address (Street address)

LEFT THUMB	Reason for enquiry:	RIGHT THUMB
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	Thumb	Forefinger	Middle finger	Ring finger	Little finger	
RIGHT HAND	1	2	3	4	5	RIGHT HAND
Fold						
LEFT HAND	6	7	8	9	10	LEFT HAND
Fold						

Left hand (Plain impressions of four fingers taken simultaneously)	Right hand (Plain impressions of four fingers taken simultaneously)
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