



Developed Vetting (DV) Questionnaire



| Important: Please read the notes on Page 3 before completing the form. |
|--|
| 1. How to complete this form The information you provide will be scanned electronically so please ensure you only write inside the white boxed areas. Do not mark or strike through any other areas of the form. If completing by hand please write in BLACK INK using BLOCK LETTERS. Keep each character within the boxes on the form and leave one space between names/words. If an answer will not fit in the space provided, please enter your answer on the continuation sheets (pages 48 to 50). If you make a mistake, please do not correct it but delete it by filling in the relevant box as in the example below. Please do not use correcting fluid. |
| Surname (now): |
| Ensure you answer ALL the questions. You can use the abbreviation NA (Not Applicable). NA - If a question does not apply to you,write NA in the first two boxes only of the relevant question. Not Known - If you do not know the answer, or you cannot provide the information needed, write NOT KNOWN in the first line only of the relevant question. Please provide an explanation why the information is unknown to you in the appropriate boxes or on the continuation sheets (pages 48 to 50). Unanswered questions or Not Known replies may cause delay to the processing of this questionnaire. |
| 2. Security Clearance Required - To be completed by all Sponsors Sponsors must also complete pages 51 to 53. |
| Type of Security Clearance Required: DV DV (Review) |
| *Date by which clearance is required: Day Month Year |
| * The date entered should be chosen with care and be specific. Expressions like 'ASAP' and 'Soonest' should not be used. |
| Tick here if you are requesting Priority clearance Priority and Immediate cases only) I certify that this |
| Tick here if you are requesting Immediate clearance application is accompanied by a letter of justification, signed at the appropriate level. |
| If the employee requires this clearance to access classified information from (please specify) NATO/EU/Other countries or international organisations, please tick appropriate box |
| 3. Your Details |
| a. Surname (now): b. Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev): |
| c. Surname (birth): d. Sex: Male Female |
| e. Any Other Surname(s) used: 1. |
| 2. |
| f. Explanation of different surnames (e.g. marriage, deed poll, etc.) |
| g. Full forename(s): |
| h. Have your forenames changed at any time since birth? Yes No If 'Yes', go to Question 3i. If 'No', go to Question 3k |
| i. Previous forename(s): |
| j. Explanation of previous forenames |







| k. Date of Birth: | |]/ | <u> </u> | | | ′ | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| m. Current Grade / Rank Position: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| n. Current Job Title: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| o. Staff or Service Nu (if applicable): | mber | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| q. National Insurance Number: | | | | | | | | | | | | ls t | his | a te | emį | por | ary | ' Nat | ion | al lı | nsu | ran | ce | Nu | mb | er? | Y | 'es | |] | No | |
| r. If you do not have a Insurance Number (temporary or perma give a brief explana | (either nent), | | | | | | | | | | | | | | | | | | | | | | | | | Mo | onth | | | | ear | |
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| y. Have you within the | last 1 | 0 y | ears | s: | • | • | | | • | • | | | • | • | • | • | • | • | | | | | | • | • | • | | | | | • | |
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| If you answered Ye | s ent | er fu | ıll d | eta | ils. | wit | h da | ate | s. iı | n da | ate | or | der | to c | :ov | er t | he | who | ole 1 | 10 v | ear | pe | rio | d o | n pa | ade | 4. | | | | | |

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STATEMENT OF HMG PERSONNEL SECURITY AND NATIONAL SECURITY VETTING POLICY

Minimum Personnel Security Controls

1. It is HM Government's policy that all areas of government and the national infrastructure should include in their recruitment processes certain basic checks. These checks include verification of the applicant's identity, employment history, their right to work in the UK and, if appropriate, checks of any unspent criminal records. Within government these controls are described in the Baseline Personnel Security Standard. In addition, the Centre for the Protection of National Infrastructure (CPNI) produces a range of relevant guidance on personnel security and makes similar advice available to the wider national infrastructure.

National Security Vetting

- 2. National security vetting comprises a range of additional checks and may be applied where a risk assessment indicates it is proportionate to do so. The risk assessment process takes account of the access an individual may have to sensitive assets (physical, personnel or information) at risk from a wide range of threats. These threats include: terrorism, espionage, or other actions that could threaten the United Kingdom. The requirements of international agreements concerning the protection of allies' information may also inform such assessments.
- 3. It is government policy that individuals should not be expected to hold an existing security clearance in order to apply for posts that require vetting, except where such posts are short term and need to be filled urgently.
- 4. There are three different types of national security vetting clearance: Counter Terrorist Check (CTC), Security Check (SC) and Developed Vetting (DV). Before any such clearance is undertaken the requirements of the Baseline Personnel Security Standard must be met. Whilst the information required and the range and depth of checks undertaken at each level may vary, they are all intended to allow Government departments and agencies, the Armed Forces and police forces to assess whether individuals who are to be employed in sensitive posts or critical functions might represent a security risk either directly or indirectly.

Checks

- 5. Individuals subject to national security vetting (including UK nationals taking up sensitive posts in international organisations) will be asked to provide via questionnaire personal information about themselves, partners, family members and other associates. It may be checked, and retained for future checks, against:
 - Relevant personnel records held by the employing department or company
 - Criminal records (both spent and unspent as defined by the Rehabilitation of Offenders Act 1974)
 - Information held by the Security Service.
 - Credit reference agency records
- 6. The process may also take account of:
 - Financial circumstances generally
 - Third party character references
 - Any medical considerations that could give rise to security concerns
- Interviews with the vetting subject and referees may be carried out to establish good character and to verify information that has been provided.

Decision Making

- 8. National security vetting decisions may only be taken by Government departments, agencies, the Armed Forces or police forces. All the available information is taken into account to reach a reasoned decision on an individual's suitability to hold a security clearance.
- 9. Security clearances may be refused or withdrawn where:
 - There are security concerns related to an individual's involvement or connection with activities, organisations or individuals associated with the threats described in this Statement (or any similar new threats that emerge);
 - Personal circumstances, current or past conduct indicate that an individual may be susceptible to pressure or improper influence;
 - Instances of dishonesty or lack of integrity cast doubt upon an individual's reliability;
 - Other behaviours or circumstances indicate unreliability.
- 10. Wherever possible existing employees will have an opportunity to discuss, comment on and challenge any adverse information that arises. However in certain circumstances it may not be possible to share such information as this could compromise national security, the public interest or third party confidentiality.

Avenues of Appeal

- 11. Existing employees who are subject to national security vetting and either refused a security clearance or whose clearance is withdrawn may appeal against such decisions. All departments and agencies that carry out national security vetting must provide for an internal appeal process. Where individuals remain dissatisfied they may appeal to the Security Vetting Appeals Panel, an independent body.
- 12. The Panel will consider the case, review the information and invite the appellant and the organisation to make representations. The Panel will make recommendations to the Head of Department or organisation in the light of its findings as to whether the decision should stand or be reviewed. The Panel may also comment on the security vetting procedures and adequacy of the internal appeal arrangements.
- 13. There are no national security vetting appeal routes for applicants for employment who are refused a security clearance. Separate arrangements exist for applicants, employees and contractors of the security and intelligence agencies, who may complain to the Investigatory Powers Tribunal. Any individual may apply to an Employment Tribunal if they feel that they have been discriminated against in any part of the recruitment process.

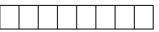
Ongoing Personnel Security Management

14. The national security vetting process provides an assessment of the vetting subject at the time the process is carried out but active ongoing personnel security management is required to ensure that a security clearance maintains its currency. As a minimum this will involve active consideration of the vetting subject's continuing conduct in respect of security matters; it will also require checks to be repeated at regular intervals.

Please note that any information provided will be treated in strict confidence. In cases where a potential risk is identified, and a decision taken to 'manage the situation' rather than refuse security clearance, those tasked with managing that risk will need the appropriate information in order to do this effectively.

Failure to disclose relevant circumstances or information is likely in itself to be regarded as evidence of unreliability and will be taken into account when assessing your suitability for security clearance. It is therefore in your own interests to be honest and open in the information you provide in this questionnaire.







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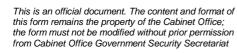
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| 5. Marriage and para. Are you currently or partnership under the lif you answered Yes, Date of marriage / re | hav ne C plea | v e y ivil ise (| ou Pai give | pre rtne | evic ers etai | hip | Ac | t 20 | 004 | i? ou a | nsv | vere | ed N | lo, p | olea | | go t | | | | 1 5c | ·. | 1 | ` | /es | | | | 1 | No | | | |
| 5. Marriage and para. Are you currently or partnership under the lif you answered Yes, Date of marriage / re | hav ne C plea | v e y ivil ise (| ou Pai give | pre rtne | evic ers etai | hip | Ac | t 20 | 004 | i? ou a | nsv | vere | ed N | lo, p | olea | se | go t | | | | ı 5c | | | , | Yes | | | | | No | | | |
| 5. Marriage and partnership under the lift you answered Yes, Date of marriage / ref Town: County / Region: | hav ne C plea | v e y ivil ise (| ou Pai give | pre rtne | evic ers etai | hip | Ac | t 20 | 004 | i? ou a | nsv | vere | ed N | lo, p | olea | se | go t | | | | 50 | | | , | Yes | | | | | No | | | |
| 5. Marriage and partial and partnership under the lift you answered Yes, Date of marriage / ref Town: County / Region: Country: | have Control please gist | ve y ivil ase (| rou Pai give on: | prertne | evicers ers etai | hip Is b | Acelo | Et 20 | on the state of th | ou a | / [| Mod | ed N | / | plea | Ye | go t | o q | ues | tion | | | | | | | | | | | | | |
| 5. Marriage and partial and partnership under the lift you answered Yes, Date of marriage / ref Town: County / Region: Country: If more previous ma | have Control please gist | ve y ivil ase (| rou Pai give on: | prertne | evicers ers etai | hip Is b | Acelo | Et 20 | on the state of th | ou a | / [| Mod | ed N | / | plea | Ye | go t | o q | ues | tion | | | on | | | | nua | atio | | | ets | | |
| 5. Marriage and partial and partnership under the lift you answered Yes, Date of marriage / ref Town: County / Region: Country: | r hav | ve ye yivil | Pau Pau give on: | pretre de | eviders ers etai | hip Is b | Ps | ple | Da | pou a | / [| Modern | nth | o, | olea | Ye | go t | o q | ion | tion | | | on | the | |) | nua | atio | on s | | ets | | |
| 5. Marriage and particles and partnership under the lif you answered Yes, Date of marriage / ref Town: County / Region: Country: If more previous man (pages 47 - 49) | r hav | ve ye ye ivil ase (| you Pai | professional profe | eviders ers etai | ship | Ac elo | ple | Daabaaad | pou a | / [| Modern Mo | ed N | ar | olea | Ye | go t | o q | ion | al | deta | ails | on | the | e co |) | nua | atio | on s | hee | ets | | |
| 5. Marriage and particles and partnership under the lif you answered Yes, Date of marriage / ref Town: County / Region: Country: If more previous man (pages 47 - 49) b. Have you ever been | r hav | ve y ivil use (cratic | /ou Pai give on: / pa ed, | prerine | eviders etai | ship | ps ed o | ple | ase | pou a cou a cou a | / [| Modern Mo | nth theed N | ar | olea | Ye nte | go t | o q | ion | al | deta | ails | on | the | e co |) | nua | atio | on s | hee | ets | | |
| 5. Marriage and particles and partnership under the lif you answered Yes, Date of marriage / ref Town: County / Region: Country: If more previous man (pages 47 - 49) b. Have you ever been lif you answered Yes, | r have controlled the controlled to the controll | ye ye ye ivil ase (| pou Pai give don: / pa ed, give | preference de de se de de la preference | ner epai | ship ship | ps ed o | ple | ase | a cou a | / [| Mo ere par Mo | nth theed N | ar | ip colea | Ye retering | go t | o q | ion | al c | deta | ails | | the | ecc | onti | | | on s | hee | ets | | |
| 5. Marriage and particles and partnership under the lift you answered Yes, Date of marriage / restriction Town: County / Region: Country: If more previous man (pages 47 - 49) b. Have you ever been lift you answered Yes, Date of Divorce, Septif divorced, court at | r have controlled the controlled to the controll | ye ye ye ivil ase (| pou Pai give don: / pa ed, give | preference de de se de de la preference | ner epai | ship ship | ps ed o | ple | ase | a cou a | / [| Mo ere par Mo | nth theed N | ar | ip colea | Ye retering | go t | o q | ion | al c | deta | ails | | the | ecc | onti | | | on s | hee | ets | | |
| 5. Marriage and particles and partnership under the lif you answered Yes, Date of marriage / restriction Town: County / Region: Country: If more previous man (pages 47 - 49) b. Have you ever been lif you answered Yes, Date of Divorce, Septif divorced, court at dissolution granted: | rhave C please gist diversity of the control of the | ye ye ye ye ye ye ye ye ye ye ye ye ye y | / pad give on: | preserved Discrete | ner pai | ship ship ship rate ls b | ps ed co | ple ple ple ple ple ple ple | ase Da | a c cou a | / [| Mo ere par were | ed N | arrsh | ip colea | Yet Yet Yet Yet Yet Yet Yet Yet Yet Yet | go t | o q | ion | ald | deta | ails | | the | d, d | eou | rt a | ıt w | in s | hee | ets | | |
| 5. Marriage and part a. Are you currently or partnership under the lif you answered Yes, Date of marriage / restriction. Town: Country / Region: Country: If more previous man (pages 47 - 49) b. Have you ever been lif you answered Yes, Date of Divorce, Septif divorced, court at dissolution granted: | r have concerning to the conce | ye ye ye ye ye ye ye ye ye ye ye ye ye y | rou Pai give fon: / pa ed, give or Dec | preference de de la companya de la c | ner separation (19). | ship rate ls boluti | ps ed celo | ple ple dise | ase Darksol | a c c cou a | / [| Monday Mo | tneed N | arrshio, p | olea | Yente liss see | go t | o q | ion | ald | deta | ails | sso | the | d, d | eou | rt a | ıt w | in s | hee | ets | | |

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6. Details About Your Partner and/or Former Partner(s)

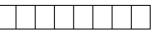
| | | | _ | | | | | | | | | -, | | | | | | | | | | | | | | | | | | |
|--|------------------------------|------------------------------|------------------------------|--------------------------------|-------------------------------|------------------------------|----------------------------|----------------------|---------------------|---------|------------|--------------------|-------------------|------------------|---------------------|------------------|-------------------|----------------|------------|--------------|------------------|-------------------|--------------|--------------|-------------|-------------|------------|---------------|--------------|------------|
| Please enter details of an died or from whom you h includes more than one sheets (pages 47 - 49) in If you have any other info is in government employ | nave partr the orma | sep ner d sam ation | ara duri ie fo i wh | ted (ng tl orma nich | incl he la it as you | udir ast 3 bel feel | ng d g yea ow. ma | livo ars ıy be | rce plea e ap | or tase | he ticl | dis k he ate | sol ere (e. | utic g. i | on c] a f yo | of a nd ur | civ ent par | vil p ter a | art add | ner litic | sh ona idy | ip) I de ho | in t etai | he i Is o | ast n tl | 3 y he d | ear con | s. If tinu | this atio | s n |
| If you do <u>not</u> know full de | etails | s of | this | s ind | ivid | ual, | plea | ase | tick | he | ere: | |] | | | | | | | | | | | | | | | | | |
| Please give explanation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Surname (now): | | | | | | | | | | | | | | | b | . Т | itle | (M | r/M | rs/N | /Is/ | Mis | s/C |)r/P | rof/ | Rev | v):[| | | |
| c. Surname (birth): | | | | | | | | | | | | | | | | | | d. | Se | x: | | | | Ма | le | |] | Fen | nale | |
| e. Any Other Surname(s) | use | d: | 1. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 2. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Explanation of differen (e.g. marriage, deed po | | | nes | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. Full forename(s): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. Have your partner's fo | rena | mes | s ch | ang | ed a | t an | y tir | ne s | sinc | e b | irth | 1? | | | | | | | | | | | | Yes | 5 | | | ١ | No | |
| i. Previous forename(s): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| j. Explanation of previou forenames | s | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| k. Date of Birth: | Da | ay | /[| Mont |] / | | Y | ear | | | H | f ad | lopt | ed | , da | te | of a | ıdo | ptio | on: | | Day |]/ | ' [| lonth | | <u> </u> | | /ear | |
| I. Town of birth: | | | | | | | | | | | | | | | | | | | | | | Í | | | | | | | | |
| County / Region: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| m. If your partner holds a please tick here | a Nat | tiona | al S | ecur | ity \ | /etti | ng (| Clea | aran | ce | (De | evel | lope | ed \ | /ett | inç | j, S | ecı | ırity | y CI | hec | k o | r C | our | nter | Те | rror | ist (| Che | ck), |
| *n. Present Nationality: | [| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *o. Dual Nationality (if any |): [| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *p. Former Nationality (if a | any):[| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * There is a difference be and advise which coun | | | | | | | | | | | | ey h | old | or | hel | ld c | itiz | ens | shi | p ra | the | er tl | han | na | tior | nali | ty, t | ick | here | • <u> </u> |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |





| q. If British naturalised | | ortific | oto. | | | | | ı | Nun | nbei | r: | | | | | | | | | | | | Π | | Π | | | | ٦ |
|---|---------|-----------|-------|--|-------|-------|--------|------|-------|------|---------|-----|-------|------------|-----|---------------------------------------|-----|-----|------|----------|---------------------|------------|------------|--------------|----------|----------|-----|---------|-----------|
| give number and da | le oi c | ertinc | ale. | | | | | | | | | | | | | | -4- | | _ | <u> </u> | $\frac{\square}{1}$ | <u>,</u> [| <u> </u> | <u> </u> | / | <u> </u> | | | \exists |
| | | | | | | | | | | | | | | | | ט | ate | • | L | Day | 4 | / [| Mor | ıth | / | | Yea | ar . | J |
| r. If non-UK National, o | date o | f takin | ւց սր | o per | rmaı | nent | res | ideı | nce | in (| JK: | | | | | | | | Г | Day | | <i>/</i> [| IVIOI | | / | | 166 | | ٦ |
| (This is not necessar | ily the | same | as th | ne da | ite o | f the | per | mis | sion | to: | stay ir | the | e Uł | 〈) | | | | | L | Day | ' | ′ L | Mor | ıth | , | | Yea | L ar | لـ |
| s. Date of death (if app | olicab | le) | | | | | | | | | | | | | | | | | | | | / [| | | / | | | | abla |
| | | | | | | | | | | | | | | | | | | | | Day | | | Mor | ith | | | Yea | ar _ | _ |
| t. Partner's occupation | ո։ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| u. Please enter your pa | artner | 's cur | rent | pern | nane | ent a | ddr | ess | be | low | : | | | | | | | | | | | | | | | | | | |
| Full permanent addr | ess: S | Since | | Month | n | / | | Ye | ear | | | | | | | | | | | | | | | | | | | | |
| House/Flat number: | | | | | | nam | e: | | | | | | | | | | | | | | | | | | | | | | |
| Street: | | | | | | Τ | | | | | | | | | | | | | | | | | | | | | | | Ī |
| District: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Ī |
| Town: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Ī |
| County / Region: | | | | | | | | | | | | | | | | | | | Po | osto | cod | e: | | | | | | | |
| Country: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| v. Has your partner or | forme | er part | ner | withi | in th | e las | st 5 | yea | rs: | | | | | | | | | | | | | | | | | | | | |
| Lived at any other a | | | | | | | | | | | | | Yes | | | | | No | | | | | | | | | | | |
| Lived outside the U | K for | more t | han | 12 n | nont | ths a | it a i | timo | е? | | | , | Yes | | 1 1 | | | No | | | | | | | | | | | |
| | | | | | | | | | | | | | | | _ | | | | _ | | _ | | | | | | | | |
| If you answered Yes | s, ente | er full (| deta | ils, v | vith | date | s, iı | n da | ate (| orde | er to d | | | | who | ole (| | | per | iod | bel | ow | . | | | | | | |
| Previous Address | | | | ils, v | vith | date | s, ii | n da | ate d | orde | | ove | | | who | ole ! | | | per | iod | bel | low | '. | | | | | | |
| - | | er full (| | | vith | date | | | Ι | orde | | | er tl | he v | who |) | | ear | Ι | | bel | low | / . | | | | | | |
| Previous Address | | | | onth | / | date | | n da | Ι | orde | | ove | er tl | | who | / | | ear | per | | bel | low | /. | | | | | | _ |
| Previous Address Previous Address | | | | onth | / | ' [| | | Ι | | | ove | er tl | he v | who | / / | | ear | Ι | | bel | low | / <u>-</u> | | | | | | _ |
| Previous Address Previous Address House/Flat number: | | | | onth | / | ' [| | | Ι | | | ove | er tl | he v | who | / / | | ear | Ι | | bel | low | | | | | | | |
| Previous Address Previous Address House/Flat number: Street: | | | | onth | / | ' [| | | Ι | | | ove | er tl | he v | who | / / | | ear | Ι | | bel | low | | | | | | | |
| Previous Address Previous Address House/Flat number: Street: District: | | | | onth | / | ' [| | | Ι | | | ove | er tl | he v | | / / | | ear | Year | | bel | | | | | | | | |
| Previous Address Previous Address House/Flat number: Street: District: Town: | | | | onth | / | ' [| | | Ι | | | ove | er tl | he v | | / / | | ear | Year | | | | | | | | | | |
| Previous Address Previous Address House/Flat number: Street: District: Town: County / Region: | | | | onth | / | ' [| | | Ι | | | ove | er tl | he v | | / / | | ear | Year | | | | | | | | | | |
| Previous Address Previous Address House/Flat number: Street: District: Town: County / Region: Country: | | | M | Ho | / | ' [| ne: | Year | | | T | ove | Mo | he v | | / / / / / / / / / / / / / / / / / / / | | ear | Pc | Dosto | | | | | | | | | |
| Previous Address Previous Address House/Flat number: Street: District: Town: County / Region: Country: Previous Address | | From: | M | Ho Ho Ho Ho Ho Ho Ho Ho Ho Ho Ho Ho Ho H | use | ' [| e: | | | | T | o: | Mo | he v | | / / | | ear | Year | Dosto | | | | | | | | | |
| Previous Address Previous Address House/Flat number: Street: District: Town: County / Region: Country: Previous Address Previous Address | | From: | M | Ho Ho Ho Ho Ho Ho Ho Ho Ho Ho Ho Ho Ho H | use | nam | e: | Year | | | T | o: | Mo | he v | | / / / / / / / / / / / / / / / / / / / | | ear | Pc | Dosto | | | | | | | | | |
| Previous Address Previous Address House/Flat number: Street: District: Town: County / Region: Country: Previous Address Previous Address House/Flat number: | | From: | M | Ho Ho Ho Ho Ho Ho Ho Ho Ho Ho Ho Ho Ho H | use | nam | e: | Year | | | T | o: | Mo | he v | | / | | ear | Pc | Dosto | | | | | | | | | |
| Previous Address Previous Address House/Flat number: Street: District: Town: County / Region: Country: Previous Address Previous Address House/Flat number: Street: | | From: | M | Ho Ho Ho Ho Ho Ho Ho Ho Ho Ho Ho Ho Ho H | use | nam | e: | Year | | | T | o: | Mo | he v | | / | | ear | Pc | Dosto | | | | | | | | | |
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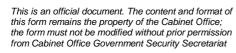






Provious Address

| Previous Address From: / To: / Image: Wear and the properties of t | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------|-----------|-------------|-------------|-------------|------------|------------|------------|-------------|--------------|------|-------|------|------|------|------|-------|------|------|-----|----------|----------|-----|------|------|------|---------------|----------|------|-------|-------------|----------|-----------|
| House/Flat number: House name: House na | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| House/Flat number: | | | | | | Н | ous | e n | am | e: | | | | | | | | | | | | | | | | | | | | | | | |
| Street: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| District: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Town: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \equiv |
| County / Region: | | | | | | | | | | | | | | | | | | | | | | | Po | osto | od | e: | | | | | 司 | | 一 |
| Country: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 寸 | | \exists |
| w. Do you have any ot | her | inf | forn | nati | on | abo | out | you | ır p | artr | ner | wh | ich | you | u fe | el r | nay | be | rel | eva | nt? | <u>'</u> | | | Υe | s | <u>—</u> Г | 7 | | No | | | _ |
| If so, please give det | ails | : [| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | <u> </u> | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| D (!! A! () | | | | | | | | | | | _ | | | | _ | | | | | | <u> </u> | | | | | | _ | | | | | | |
| Details About You | | | | | | | | | - | | | | | - | | | | | | - | | - | | | | | | _ | | | | | IS |
| Please provide details have step-parents, for have any other parent continuation sheets (| ster s, a | pa Ido | ren ptiv | ts c e p | r le are | gal nts | gu , st | arc ep- | lian par | s, v ents | ve s | still | rec | quir | e d | eta | ils (| of y | oui | na | tura | al fa | ath | er a | nd | mo | the | r b | elo | w. I1 | yo | u | |
| Please state for each date of death. | par | ent | / pa | arei | nt's | ра | rtne | er, t | he | rela | itio | nsł | nip, | e.g | . St | ер- | Fat | her | /Fa | the | r's | Par | tne | r aı | nd, | if a | ppı | rop | riat | e, tł | neir | | |
| 7. Details About Y | ou | r N | latı | ıra | ΙF | ath | er | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you do <u>not</u> know ful | _ | etai | ls o | f yc | ur | nat | ura | l fa | the | r, pl | leas | se t | ick | he | re: | | | | | | | | | | | | | | | | | | |
| Please give explanation | n: [| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Surname (now): | | | | | | | | | | | | | | | | | b. | Tit | le (| Mr/ | Mrs | /Ms | s/M | iss | /Dr/ | Pro | of/R | ev) | : | | | | |
| c. Surname (birth): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Any Other Surname | (s) | us | ed: | | 1. | | Π | | | | | | | | | | | | | | T | | | | | | | | | | | | |
| | | | | | 2. | | Ι | l | | l | I | I | | | | | | | | | 1 | | | 1 | | | | | | | | | |
| e. Explanation of diffe | ren | ıt Çı | urns | ame | 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | \neg |
| (e.g. marriage, deed | | | | | ,0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Full forename(s): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. Have your father's f | ore | naı | mes | s ch | anç | ged | at | any | / tin | ne s | sinc | e b | irth | າ? | _ | Υe | s | |] | _ | No |) | |] | _ | _ | _ | _ | _ | | _ | _ | _ |
| h. Previous forename | (s): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \neg | | \neg |
| i. Explanation of previ | ous | S | | I | | | | I | | | | | | I | | | | | | | | | | | | | | <u> </u> | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |







| j. Date of Birth: | | Day |]/ | Mo | onth |]/ | | | ear | | | | | | | | | | | | | | | | | | | | | | | |
|---|----------------|-------|-----|-----|------|------|------|-----|------|------|------|-----|------|------|----|----|------|-------|------|------|-------|-----|------------|-----|-----------|-----|------|---|------|-------|-------|---|
| k. Town of birth: | | T | | | | | | Ī | | | | | | | | | | | | | | | | | | | | | | | | |
| County / Region: | | Ì | | | | | i | | | | | | | | | | | | | | | | | | | | | | | | i | |
| Country: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *I. Present Nationality: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *m. Dual Nationality (if | any): | | | | | | İ | | | | | | | | | | | | | | | | | | | | | | | | | |
| *n. Former Nationality | (if any) | | | | | | i | | | | | | | | | | | | | | | | | | | | | | | | | |
| * There is a difference here and advise v | | | | | | | | | | | | | | | | | | or | hel | d ci | itize | ens | hip | rat | her | th | an ı | nati | ion | ality | , tic | k |
| o. If British naturalised give number and date | | ortif | ica | to: | | | | | | | Nui | mbe | er: | | | | | | | | | | | | | | | | | | | |
| give number and date | C 01 0 | Gitii | ica | | | | | | | | | | | | | | | | | Dat | e: | | Davi | | /[| Mon | 46 | /[| | Yea | | |
| p. If non-UK National, d (This is not necessaril | | | | | | | | | | | | | | | he | UK |) | | | Dat | e: | | Day Day | | /[| Mon | | /[| | Yea | | |
| q. Occupation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| and enter your fathe | | | | u | | onth |] , | / | | Ι, | Year | | | | | | | | | | | | | | | | | | | | | |
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| House/Flat number: | | | | | H | | se n | ame | e: [| | | | | | | | | | | | | | | | | | | | | | | |
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| Street: | | | | | H• | | se n | ame | e: [| | | | | | | | | | | | | | | | | | | | | | | |
| Street: [| | | | | | | se n | ame | e: [| | | | | | | | | | | | | Po | osto | cod | e: | | | | | | | |
| Street: [District: [Town: | | | | | H• | | se n | ame | e: [| | | | | | | | | | | | | Pe | osto | cod | e: | | | | | | | |
| Street: [District: [Town: [County / Region: [| licabl | | | | H• | | se n | ame | e: [| | | | | | | | | | | | | Pe | osto | cod | e: / [| | | | | | | |
| Street: [District: [Town: [County / Region: [Country: [| | • | ura | | | ous | | ame | e: [| | | | | | | | | | | | | Po | Day | | | Mon | ith | | | Yea | ar | |
| Street: District: Town: County / Region: Country: S. Date of death (if app | our N detai | latu | | | oth | ous | | | | olea | ase | tic | k he | ⇒re: | | | | | | | | P | | | | Mon | l l | | | Yes | ar | |
| Street: District: Town: County / Region: Country: s. Date of death (if app 8. Details About You | our N detai | latu | | | oth | ous | | | | blea | ase | tic | k he | ere: | | | b. 1 | Γitle | e (M | 1r/N | lirs/ | | Day | , | /[| | | / / · · · · · · · · · · · · · · · · | | Yea | ar | |

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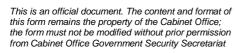


| d. Any Other Surname(s | s) use | ed: | 1. | . [| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------|------------------|----------------------|------|--------------|---------------|----------------|-----------------|-------------|-----|---------------------|-----------|--------------|-----|------|-----|---------|-----|------|------------|------|-----|------|------|------------|------|-------|--------------------|-------|------|-----|--|
| | | | 2. | . [| Τ | T | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Explanation of differe (e.g. marriage, deed p | | | ıme | s [| | • | | | | | | | | | | | | • | • | | | | • | | | | | | | | | |
| f. Full forename(s): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. Have your mother's f | orena | ame | s cl | har | ged | l at | an | y ti | ime | sir | nce | birt | h? | | Yes | 8 | |] | | No |) | | | | | | | | | | | |
| h. Previous forename(s |): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i. Explanation of previous forenames | us | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| j. Date of Birth: | | ay | /[| Mo | nth | /[| | Ye | ear | | | | | | | | | | | | | | | | | | | | | | | |
| k. Town of birth: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| County / Region: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *I. Present Nationality: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *m. Dual Nationality (if a | ny): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *n. Former Nationality (i | | ш | | | | | | | | | | | | | | | \prod | | | | | | | | | | | | | | | |
| * There is a difference | hetv | veer | n na | atio | nali | tv a | and | l Ci | tize | nsi | nin. | If v | OUL | m | ንthe | r h | olds | s o | r he | eld | citi | zen | IShi | p ra | athe | er t | har | า ทร | atioi | nali | tv. | |
| tick here and advi | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | , | |
| o. If British naturalised, | se w | hich | 1 00 | oun | | | | | | he | ld c | | ens | | | | | | | | | | | | _ | | | | | | | |
| tick here 🗌 and advi | se w | hich | 1 00 | oun | | | | | | he | ld c | itiz | ens | | | | | | S: | Dat | | | | | | | | | | | | |
| o. If British naturalised, give number and date | of co | hich ertif | icat | e: | tries | s sl | he I | hol | ds/ | he | Nu | mbe | ens er: [| hip | | | | | S: | | | | Day | | | Mont | | | | Yea | | |
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| o. If British naturalised, give number and date p. If non-UK National, d (This is not necessarily q. Occupation: r. Please enter your morand enter your mother and enter your mother. Full permanent addresses. | of co | ertiff takes sam | icat king e as | te: | permaddi | rmate anances | ane of the s b | ent he ac | res peri | ide | Nu Nu be | mbe in to | uK: | hip | the | UK | I da | | S: | Dat Dat | ee: | | Day | | / [/ [| Mont | th th | / [/[| | Yea | ar | |
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| s. Date of death (if applicable) | | Dry Marth Year |
|---|--|--------------------------------------|
| t. Do you have any other parents, adoption tick 'yes' or 'no'. If 'yes', go to Q9. If 'no | ve parents, step-parents or legal guardians? Please o', go to Q11. | Day Month Year Yes No |
| 9. Details of other Parents, Adopt | ive Parents, Foster Parents, Step-Parents | or Legal Guardians |
| If you do <u>not</u> know full details of this ind | ividual, please tick here: | |
| Please give explanation: | | |
| a. Relationship: | | |
| b. Date of adoption (if applicable): | Day Month Year c. Title (Mr/Mrs/ | /Ms/Miss/Dr/Prof/Rev): |
| d. Surname (now): | | |
| e. Surname (birth): | | |
| f. Any Other Surname(s) used: 1. | | |
| 2. | | |
| g. Explanation of different surnames (e.g. marriage, deed poll, etc.) | | |
| h. Full forename(s): | | |
| i. Have this individual's forenames change | ged at any time since birth? Yes No | |
| j. Previous forename(s): | | |
| k. Explanation of previous forenames | | |
| I. Date of Birth: | / Year | |
| m. Town of birth: | | |
| County / Region: | | |
| Country: | | |
| *n. Present Nationality: | | |
| *o. Dual Nationality (if any): | | |
| *p. Former Nationality (if any) | | |
| | ality and citizenship. If the individual holds or held or ries they hold/ held citizenship in, and dates: | citizenship rather than nationality, |
| | | |





| q. If British naturalised give number and da | | certi | fica | te: | | | | | 1 | lun | nber: | | | | | | | | | | | | | | | | | \Box | |
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| r. If non-UK National, of (This is not necessar | | | | | | | | | | | | | the | الاد | 〈) | | | | Dat | e: | | | / | | | /[| | | |
| · | y uo | T | 10 u | · · | | | | PO. | | | | 7 II | | , o. | ') | 1 | | ı | | | D | ay | | Мо | nth | | $\overline{}$ | Yea | ar |
| s. Occupation: | Щ | <u></u> | | | | | | | | | | | L_ | | | | | | | | _ | | | | | Ш | | | |
| t. Please enter the ind death and enter thei | | | | | | | | ıdd | ress | be | low: | If th | e ir | ndiv | /idu | ıal i | s d | ece | ease | ed, ∣ | ple | ase | pro | OVIC | ie t | ne c | late | ot | |
| Full permanent addr | ess: (| Sinc | е | | | | / | | | | | | | | | | | | | | | | | | | | | | |
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| House/Flat number: | | | | | Ηοι | ıse r | nam | e: | | | | | | | | | | | | | | | | | | \sqsubseteq | \perp | ᆜ | |
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| District: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Town: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| County / Region: | | | | | | | | | | | | | | | | | | | | Po | osto | od | e: | | | | | | |
| Country: | | | | | | | | | | | | | | | | | | | | | | | | | | | | \prod | |
| u. Date of death (if app | plicab | ole) | | | | | | | | | | | | | | | | | | | | | / | | | /[| | | |
| 10. Details of othe | r Pai | rent | ٠, | Δd | ontiv | /e P |)ar | -nf | e F | - | ter | Par | en | te | St | en. | .Pa | rei | nte | or | | ay 2012 | ı (| Moi Sus | | ian | • | Yea | ır |
| If you do <u>not</u> know full | | | - | | - | | | | - | | | | U | , | 0. | VР | ٠ ۵ | | | · •. | _` | <i>-</i> 90 | | Juc | 4. G | · | J | | |
| Please give explanation | _ | | | | | | | | | | ! | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Relationship: | | | | | | | | | | | | | | | | | | | | | | | | | | $\overline{\Box}$ | | | |
| b. Date of adoption (if | appli | cabl | e): | | | |]/ | | | / | | | | | c. | Titl | e (N | /Ir/N | /Irs/ | Ms. | /Mi | ss/[| Or/F | Prof | /Re | v): | | | |
| | | _ | | _ | | Day | | M | onth | | , | Year | 1 | _ | _ | _ | 7 | | | | | | | | | | | | |
| d. Surname (now): | | <u> </u> | <u> </u> | <u> </u> | | | | | | | | <u> </u> | | <u> </u> | <u> </u> | <u> </u> | | | | | | | | | | | | | |
| e. Surname (birth): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Any Other Surname | (s) us | ed: | 1 | . [| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 2 | : . [| | | | | | | | | | | | | | | | | | | | | | | | | |
| g. Explanation of diffe | | | | es | <u>'</u> | ı | | | | | _ | - | | - | | | | | | | | | | | | | | | |
| (e.g. marriage, deed | poll, | etc.) |) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. Full forename(s): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i. Have this individual | s fore | enan | nes | cha | anged | l at a | any | tim | e si | nce | birth | 1? | | Ye | s | |] | | No | | | | | | | | | | |
| j. Previous forename(s | s): [| | | | | | | | | | | | | | | | | | | | | | | | | | Т | \top | |
| k. Explanation of prev forenames | ious | | | | <u>'</u> | <u>'</u> | | | | | • | <u>'</u> | | | 1 | <u>'</u> | | | | | | | | | | | | | |
| I. Date of Birth: | | | ay | // | Month |]/ | | Ye | ear | | | | | | | | | | | | | | | | | | | | |

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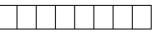


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| m. Town of birth: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| County / Region: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *n. Present Nationality | y: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * There is a difference between nationality and citizenship. If the individual holds or held citizenship rather than nationality, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| p. Former Nationality (if any): * There is a difference between nationality and citizenship. If the individual holds or held citizenship rather than nationality, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * There is a difference between nationality and citizenship. If the individual holds or held citizenship rather than nationality, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * There is a difference between nationality and citizenship. If the individual holds or held citizenship rather than nationality, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| q. If British naturalise give number and da | | cer | tific | cate | ·= | | | | | | Nu | ımbe | er: | | | | | | | | | | | | | | Τ | | | | | |
| g | | - | | | - | | | | | | | | _ | | • | | | • | | D | ate | : | | | / | | | 1/ | | | | |
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| r. If non-UK National, (This is not necessal | | | | _ | - | - | | | | | | | | ı in | the | Uk | () | | | D | ate | : | | | / | | |]/ | | | | |
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| t. Please enter the inc death and enter the | | | | | | | | | | ire | ss b | elov | v: If | the | e in | div | ridu | ıal | is d | ece | ease | ed, | ple | ase | pr | ovi | de 1 | he | dat | e of | | |
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a. Relationship:

RESTRICTED (WHEN COMPLETED)



c. Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev):





| d. Surname (birth): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------------|------|--------------------------|---------------------|--------------------------|-------------|--------------|------------|-------------|-----------------|--------------------|--------------|----------------------|------------------|------|-----|-----|------------|------|------|------|------|------------|-------|-----|---------------|-----|-----|---------------------|-------------------|----------|----------|
| e. Any Other Surname | (s) ı | ıse | d: | 1 | · [| | | | | | | | | | | | | | | | | | | | | | | | | $\overline{\Box}$ | | |
| | | | | 2 | ו 2. [| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Explanation of differ (e.g. marriage, deed | | | | | s [| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. Full forename(s): | [| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. Have this individual | l's fo | ore | nan | nes | ch | an | ged | l at | any | / tin | ne s | sin | ce k | oirth | 1? | | Yes | 8 | | | | No | | | | | | | | | | |
| i. Previous forename(s | s): [| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| j. Explanation of previ forenames | ous | | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| k. Date of Birth: | | D | ay | / | Mo | nth |]/ | | Ye | ear | |] | | | | | | | | | | | | | | | | | | | | |
| I. Town of birth: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| County / Region: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *m. Present Nationality | y: | [| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *n. Dual Nationality (if | any): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \Box | |
| *o. Former Nationality | (if a | ny): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | T | |
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| p. If British naturalise give number and da | d, te o | f ce | ertif | ica | te: | | | | | | | Nu | mb | er: | | | | | | | | | | | | | | | | | | |
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| give number and dar q. If non-UK National, | te o | e o | f tal | king | g u _l | | | | | | ide | ence | e in | UK | | the | Uŀ | <) | | | | | | | | / / | | | / / | | | |
| q. If non-UK National, (This is not necessar | date | e of | f talsam | kinç e a | g u _l s th | e d | late | of uri | the rent | per per | side mis | ence sion | e in | UK sta | y in | | | | f th | e ir | [| Date |) : | Di | ay | | Мо | nth | / / ase | pro | Yea | ar |
| q. If non-UK National, (This is not necessar r. Occupation: s. Please enter your fi | date | e of | f tal sam their la | king e a r or | g u _l s th | e d | late | of uri | the rent | per per | side mis | ence sion | e in | UK sta | y in | | | | f th | e ir | [| Date |) : | Di | ay | | Мо | nth |] /] / ase | D pro | Yea | ar |
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| t. Date of death (if applic | ab | le) | | | | | | | | | | | | | | | | | | | | | | Day | | /[| Mo | nth | / | | Yea | ar. |
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| 12. Details About Yo | our | · Se | eco | nd | Bı | rot | he | r o | r S | ist | er | | | | | | | | | | | | | Day | y | | IVIO | 1101 | | | 100 | ai |
| If you do <u>not</u> know full d | eta | ils | of t | his | ind | ivic | lua | l, pl | leas | se t | ick | he | re: | | | | | | | | | | | | | | | | | | | |
| Please give explanation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Relationship: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Surname (now): | | | | | | | | | | | | | | | | | С | . T i | itle | (Mr | /Mr | s/N | ls/i | Vis | s/D | r/P | rof | /Re | v): | | | |
| d. Surname (birth): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | • | | | <u> </u> |
| e. Any Other Surname(s) |) us | sed: | : 1. | | | | | | | | | Τ | | | | | | | | | | | | | | | | | | | | |
| | | | 2. | Γ | | | | | T | | Τ | T | T | | | T | | | | | | | | | | | | | | | | |
| f. Explanation of differer (e.g. marriage, deed po | | | | es | | _ | | | | | | | | | | | | | | - | <u>'</u> | | | | | | | | | | | |
| g. Full forename(s): | | | Τ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. Have this individual's | for | rena | ame | s c | han | ge | d at | an | y ti | me | sin | ıce | bir | th? | | Ye | s | | | | No |) | |] | | · | | · | · | • | | |
| i. Previous forename(s): | | | Τ | | | | | | | | | | | | | | | | | | T | | Τ | | Τ | | | Т | | | Τ | |
| j. Explanation of previou forenames | IS | Ī | | | | | | | | | | | | - | | | | | | | | | | | | | | | | | | • |
| k. Date of Birth: | | ay |]/ | Mo | nth | / | | Ye | ear | | | | | | | | | | | | | | | | | | | | | | | |
| I. Town of birth: | | <u> </u> | | | | | | | | | | | | | | | | | | | | I | | Τ | | T | | T | | | | |
| County / Region: | | | | | | | | | | | | | | | | <u> </u> | | | | | | T | | T | | Ť | | | | Ť | | \Box |
| Country: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *m. Present Nationality: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *n. Dual Nationality (if any | y): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| p. If British naturalised, give number and date | of (| cert | ific | ate: | : | | | | | | Nu | mb | er: | | | | | | | Da | ite: | | Da | av. |]/ | | lonth | | <u> </u> ' [| | Year | |
| q. If non-UK National, da (This is not necessarily | | | | | | | | | | | | | | | n th | ne U | JK) | | | Da | ıte: | | Da | • | / | | onth |]/ | <u> </u> | | Year | |
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from Cabinet Office Government Security Secretariat



| r. Occupation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| s. Please enter your sec the date of death and | | | | | | | | | | | | | nt a | addr | ess | s bo | elov | w: I | f th | e ir | ndiv | vid | ual | is | dec | ea | ase | d, | ple | ase | pro | ovid | le |
| Full permanent addres | s: S | Sinc | e | | | lonth | | / | | | Year | | | | | | | | | | | | | | | | | | | | | | |
| House/Flat number: | | | | | | lou | | nan | ne: | | | | | | | | | | | | | | | | | | | | | | | | |
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| District: | | | | | | | | | | | | | | | | | | | | | | | | | | Ī | | | | | | | |
| Town: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Country: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| t. Date of death (if applied | abl | e) | | | | | | | | | | | | | | | | | | | | | | |]/ | <u> </u> | | | / | | | | |
| 13. Details About Yo | | | | | | | | | | | | | _ | _ | | | | | | | | | | Day | | | Mor | nth | | | Ye | ar | |
| If you do <u>not</u> know full de Please give explanation: | etai | ils c | f th | is i | indi | ivid | ual | , pl | eas | e ti | ck I | nere |): L | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| a. Relationship: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| b. Surname (now): | | | | | | | | | | | | | | | | | с. | Titl | e (N | /Ir/N | /Irs | /M | s/M | iss | s/Dr | /Pi | rof | /Re | v): | | | | |
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| |) us | ed: | 1. | | | | | | | | | | | | | | c | Titl | e (N | Ar/N | /Irs | /M | s/M | iss | s/Dr | /Pı | rof | /Re | v): | | | | |
| d. Surname (birth): |) us | ed: | 1. | L | | | | | | | | | | | | | c | Titl | e (N | Mr/N | Mrs. | /M | s/M | iss | s/Dr | /Pı | rof | /Re | v): | | | | |
| d. Surname (birth): | | | 2. | ا] . | | | | | | | | | | | | | c | Titl | e (N | Mr/N | Mrs | /M | s/M | iss | s/Dr | /Pı | rof | /Re | v): | | | | |
| d. Surname (birth): | nt sı | urna | 2. ame | ا] . | | | | | | | | | | | | | c | Titl | e (M | //r/N | Mrs | /M | s/M | iss | S/Dr | /Pi | rof | /Re | v): | | | | |
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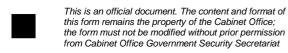
| *m. Present Nationality: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *n. Dual Nationality (if any): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *o. Former Nationality (if any): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \neg |
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| p. If British naturalised, give number and date of ce | rtif | ica | to. | | | | | | N | lun | nbe | r: | | | | | | | | | | | | | | | | | | | ī |
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| q. If non-UK National, date of (This is not necessarily the s | | | | | | | | | | | | | | the | Uk | () | | | ı | Date |) : | _ D | ay | / | Mo | nth | / | | Ye | ar | |
| r. Occupation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| s. Please enter your third bro the date of death and enter | | | | | | | | | | | | adc | lres | s b | elo | w: | lf tl | he | indi | vid | ual | is (| dec | eas | ed, | ple | ease |) pr | ovi | de | |
| Full permanent address: Si | nce | 9 | | Mc | onth | | / | | Ц | Year | | | | | | | | | | | | | | | | | | | | | |
| House/Flat number: | | | | | | se n | am | e: | | i eai | | | | | | | | | | | | | | | | | | | | | |
| Street: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Town: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Country: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| t. Date of death (if applicable |) | | | | | | | | | | | | | | | | | | | | | | |]/ | | | / | | | | |
| 14. Details About Your F If you do not know full details | | | | | | | | | | | ere |): [| | | | | | | | | | D | ay | | Мо | nth | | | Ye | ar | |
| Please give explanation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \neg |
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| a. Relationship: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Surname (now): | | | | | | | | | | | | | | | | c. | Titl | le (| Mr/ | Virs | /Ms | /Mi | ss/ | Dr/I | ro | /Re | ev): | | | | |
| d. Surname (birth): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Any Other Surname(s) use | d: | 1. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 2. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Explanation of different sur (e.g. marriage, deed poll, et | | me | s | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| h. Have this individual's | s for | enai | nes | s ch | anç | jed | at a | ny | tim | ie s | inc | e b | irth | 1? | • | Yes | 5 | | | | No | | | | | | | | | | | |
|--|-------|------|------|------|-----|------|-------|-----|------|---------|------|-----|------|------|-----|------|-----|-------|-----|------|------|------|------|-----|------|---------|--------|---------------|----------|------|------|----|
| i. Previous forename(s) | : [| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| j. Explanation of previo forenames | us | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| k. Date of Birth: | | Day |]/ | Mo | nth | /[| | Yea | ar | | | | | | | | | | | | | | | | | | | | | | | |
| I. Town of birth: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| County / Region: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *m. Present Nationality: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *n. Dual Nationality (if ar | ny): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *o. Former Nationality (i | f any |): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * There is a difference tick here and ad | | | | | | | | | | | | | | | | | | | | | ld d | itiz | en | shi | p ra | athe | er t | han | na | tion | alit | y, |
| p. If British naturalised, give number and date | | erti | fica | ite: | | | | | | N | lun | nbe | r: | | | | | | | | | | | | | | I | | | | | |
| | | | | | | | | | | | | | | | | | | | | | Dat | e: | Ļ | Day |]/ | <u></u> | /lont | <i>/</i> h | L | | /ear | |
| q. If non-UK National, d (This is not necessarily | | | | | | | | | | | | | | | the | e Uł | ≺) | | | | Dat | e: | | Day |]/ | , | /lont | | <u> </u> | | /ear | |
| r. Occupation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| s. Please enter your fou the date of death and | | | | | | | | | | | | | t ac | ddre | ess | be | lov | v: I1 | the | e in | div | idu | al i | s d | ece | ase | ed, | ple | ase | pro | ovic | le |
| Full permanent addre | ss: S | Sinc | е | | Mc | onth |] / | / | | \prod | /ear | | | | | | | | | | | | | | | | | | | | | |
| House/Flat number: | | | | | | | se na | ame | ə: [| | | | | | | | | | | | | | | | | | | | T | | | |
| Street: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| District: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Town: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| County / Region: | | | | | | | | | | | | | | | | | | | | | | P | osi | со | de: | | | | | | | |
| Country: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| t. Date of death (if appli | cabl | e) | | | | | | | | | | | | | | | | | | | | | | Day |]/ | / | /lontl | | <u> </u> | | /ear | |
| If more than 4 siblings | nloa | 4 | | | _ | _ | and | | | | | | | | | | | | | | | | | | | | | | | | | |



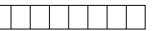


Details About Your PARTNER'S Natural Parents, Adoptive Parents, Foster Parents, Step-Parents or Legal Guardians

Please provide details of ALL your partner's parents and their current and/or former partners in the last 3 years. Even if your partner is adopted, or has step-parents, foster parents or legal guardians, we still require details of their natural father and mother below. If your partner has any other parents, adoptive parents, step-parents or legal guardians give details within Questions 17 and 18, using the continuation sheets (pages 47 - 49) where required.

Please state for each of your partner's parents / parent's partner, the relationship, e.g. Step-Father/Father's Partner and, if appropriate, their date of death.

| 15. Details About Your PARTNE | R'S Natural Father |
|---|---|
| | partner's natural father, please tick here: |
| Please give explanation: | |
| | |
| | |
| a. Surname (now): | b. Title (Mr/Mrs/Ms/Miss/Dr/Prof/Rev): |
| c. Surname (birth): | |
| d. Any Other Surname(s) used: 1. | |
| 2. | |
| e. Explanation of different surnames | |
| (e.g. marriage, deed poll, etc.) | |
| f. Full forename(s): | |
| g. Have your partner's father's forenar | nes changed at any time since birth? Yes No |
| h. Previous forename(s): | |
| i. Explanation of previous forenames | |
| j. Date of Birth: | |
| Day Mo | nth Year |
| k. Town of birth: | |
| County / Region: | |
| Country: | |
| *I. Present Nationality: | |
| *m. Dual Nationality (if any): | |
| *n. Former Nationality (if any): | |
| | onality and citizenship. If your partner's father holds or held citizenship rather than se which countries he holds/ held citizenship in, and dates: |
| | |







| If British naturalised give number and dat | | of c | erti | ifica | ate: | | | | | | | Nur | mb | er: | | | | | | | | | | | | | | | | | | |
|--|------|----------|----------|-------|--|-----|----------|----------|------|-------------------|-------|---------------|-----|-------|----------|------|----------|------|----------|------|----------|-------|-----|------|-----------------------|-----|-------------------|------|------------|--------------|----------------|----|
| | | | | | | | | | | | | | | | | | | | | | Da | te: | | | | / | | | /[| | T | |
| | | | | | | | | | | | | | | | | | | | | | | | | D: | Ll ay | ′ | Mor | nth | , [| | Yea | r |
| p. If non-UK National, (This is not necessari | | | | | | | | | | | | | | | | th | الم | K) | | | Da | te: | | | | / | | | /[| | | |
| (This is not necessari | y ı | | Sai | 110 | 35 U | 110 | uaic | , 01 | 1110 | Pei | IIIIe | 5310 | |) SIC | ıy II | | - 0 | (1) | | | | | | Di | ay | | Mor | nth | | | Yea | r |
| q. Occupation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| r. Please enter your pa the date of death and | | | | | | | | | | | | | | | | | | | | artn | er's | s fat | the | r is | dec | ea | sed | , pl | eas | e pı | ovi | de |
| Full permanent addr | es | s: S | Sinc | се | | | /lonth | | / | | | Yea | | | | | | | | | | | | | | | | | | | | |
| House/Flat number: | | | | | | | Hou | | nar | ne: | | Tea | | | | | | | | | | | | | | | | | | | | |
| Street: | | | | | | | | | | | | | | | | | | | | | | Τ | | Π | | | | | | | | |
| District: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Town: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| County / Region: | | | | | | | | | | | | | | | | | | | | | | | P | ost | cod | e: | | | | | | |
| Country: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| s. Date of death (if app | olic | ab | le) | | | | | | | | | | | | | | | | | | | | | | | / | | |]/ | | \prod | |
| 16. Details About | | | | | | | | | | | | | | | | | | | | 1 | | | | Ľ | ay | | Mo | nth | | | Ye | ar |
| If you do <u>not</u> know full Please give explanation | _ | etai | IS C | от у | our | ра | rtne | er s | na | ura | ım | otn | er, | ріе | ase | tic | CK N | ere | |] | | | | | | | | | | | | |
| Troube give explanation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Surname (now): | | Τ | | T | | T | T | Τ | T | Τ | Γ | Τ | Τ | Π | | Γ | 7 | b. ' | Titl | e (1 | /Ir/N | /Irs/ | Ms | /Mis | ss/D | r/P | rof/ | 'Re | v): | | \overline{T} | |
| c. Surname (birth): | | <u> </u> | <u> </u> | T | | | <u> </u> | <u> </u> | | | | | T | | <u> </u> | | <u> </u> | Τ | 7 | | | | | | | | | | - | | | |
| d. Any Other Surname | (s) | us | ed: | ٠, | <u>. </u> | | | | | | I | | | | | | | | | | | | | | Т | | Т | 1 | \exists | \neg | | |
| | | | | | ا 2. [| | | | | $\frac{\perp}{1}$ | | $\frac{1}{1}$ | | | | | | | | | | | | | $\frac{\perp}{\perp}$ | | $\frac{\perp}{1}$ | | ᆣ | _ | | |
| | | | | _ | ٠. [| | | | | | | | | | | | | | | | | | | | | | | | ᆜ | \perp | | |
| e. Explanation of differ (e.g. marriage, deed | | | | | es | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Г | | | | L | | | | 1 | _ | | | | | ı | | | | <u> </u> | | <u> </u> | | | | | | | | | _ | 一 | |
| f. Full forename(s): | Į | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \perp | \perp | |
| g. Have your partner's | me | oth | er's | s fo | ren | am | es d | cha | nge | ed a | t a | ny t | ime | e siı | nce | bir | rth? | • | Ye | es | | | | No | • [| | | | | | | |
| h. Previous forename(| s): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i. Explanation of previous forenames | ous | s | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| j. Date of Birth: | | | Da | ay | / | Мо | nth | / | | Yea | ar | | | | | | | | | | | | | | | | | | | | | |

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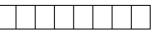


| k. Town of birth: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-----------------------|----------|----------|--------------|----------|----------|----------|----------|----------|----------|----------|----------|------|--|----------|----------|----------|----------|----------|----------|--------------|----------|-----------------|--|----------|----------|--|----------|-------|--|-----|---|
| County / Region: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *I. Present Nationality: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *m. Dual Nationality (if | any): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *n. Former Nationality | (if any | y): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * There is a difference nationality, tick here | | | | nati advi | | | | | | | | | | | | | | | | | | | | | tize | nsl | nip | rath | ner ' | thar | 1 | |
| o. If British naturalised give number and dat | • | cert | tific | ate: | | | | | | | Nur | mbe | er: | | | | | | | | ate | | | | | | | | | | | |
| p. If non-UK National, (This is not necessari | | | | _ | | | | | | | | | | | n th | e Ul | K) | | | | ate | | | ay Day Day |]/ | | onth onth |]/ | | Yea | | |
| q. Occupation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| r. Please enter your pa the date of death and Full permanent addre | dent | er y | our | | rtne | | mo | | | | | iow | | | | | | | | | | • | | | | | | • | | • | | |
| House/Flat number: | | | | | ŀ | Hou | ıse | nar | ne: | | | | | | | | | | | | | | | | | | | | | | | |
| Street: | | | <u> </u> | | | | | | <u> </u> | | <u> </u> | | | | L | | | | <u> </u> | <u> </u> | <u> </u> | <u> </u> | | <u> </u> | | <u> </u> | <u> </u> | <u> </u> | | | | _ |
| District: | | | <u> </u> | | | | <u> </u> | | <u> </u> | | <u> </u> | <u> </u> | | <u> </u> | <u> </u> | | <u> </u> | | <u> </u> | <u> </u> | <u> </u> | <u> </u> | | <u> </u> | | <u> </u> | <u> </u> | <u> </u> | | | | _ |
| Town: | <u> </u> | | <u> </u> | | | <u> </u> | <u> </u> | <u> </u> | <u> </u> | | <u> </u> | | | | | <u> </u> | | | | <u> </u> | <u> </u> | <u> </u> | | <u></u> | <u> </u> | _ | <u> </u> | <u> </u> | | | | |
| County / Region: | $\frac{\perp}{\perp}$ | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | | | <u> </u> | <u> </u> | <u> </u> | | <u> </u> | | | | <u> </u> | <u> </u> | <u> </u> | <u> </u> | _ F | os [·] | tco | de: | L | <u> </u> | <u> </u> | | <u> </u> | | 亅 |
| Country: | | | | | <u> </u> | | | | | | | | | | | | | | <u> </u> | | | | | <u> </u> | 7 | _ | <u> </u> | ⊥ 1 / | | <u> </u> | | 님 |
| s. Date of death (if app | oncar | oie) | | | | | | | | | | | | | | | | | | | | | L | Day | / | M | onth |]/ | | Ye | ear | |
| t. Does your partner ha Please tick 'yes' or 'no | | | | | | | | | | | | ts, | ste | p-pa | are | nts | or | leg | al g | jua | rdia | ıns | ? | | Y | es | | | | No |) | |
| 17. Details About \ Legal Guardian | | P/ | AR' | TNI | ER | 'S | otł | ner | Pa | re | nts | , А | do | pti | ve | Pa | re | nts | s, F | os | tei | P | are | ent | s, \$ | Ste | p-I | Par | en | ts c | r | |
| If you do <u>not</u> know full Please give explanation | | ils | of t | his | ind | ivid | lua | l, pl | eas | e ti | ick l | her | e: [| | | | | | | | | | | | | | | | | | | _ |

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| a. Relationship: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------|-------|------|------|-------|------|-----|-------|------|------|-----|-------|----|------|------|------------|------|------|-------|-------|----|-----|------|------|------|------|------|------|--|
| b. Date of adoption (if a | pplic | cable | ∍): | | | | /[| Mor | 46 | /[| | Va | | | | c. | Titl | e (l | VIr/N | /Irs/ | Ms | /Mi | ss/l | Dr/F | Prof | /Re | ev): | | |
| d. Surname (now): | | | | | Day | J | | Mor | ILIT | | | Ye | ar | | | | | | | | | | | | | | | | |
| e. Surname (birth): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Any Other Surname(s |) use | ed: | 1. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 2. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. Explanation of differe (e.g. marriage, deed p | | | ıme | s | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. Full forename(s): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i. Have this individual's | fore | nam | es c | cha | nged | d at | any | / tir | ne | sind | e k | oirth | 1? | | | | Ye | s | |] | | No |) | | | | | | |
| j. Previous forename(s) | : | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| k. Explanation of previo | ous | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I. Date of Birth: | Di | ay | /[| Mont | th / | | Y | ear | | | | | | | | | | | | | | | | | | | | | |
| m. Town of birth: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| County / Region: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *n. Present Nationality: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *o. Dual Nationality (if ar | ny): | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *p. Former Nationality (i | f any |): [| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * There is a difference nationality, tick here | bet | | | | nalit | | | | | | | | | | | | | | | | | | | ra | the | r th | an | | |
| q. If British naturalised, give number and date | | ertif | icat | e: | | | | | | Nu | mb | er: | | | | | | | | | | | | | | | | | |
| - | | | | | | | | | | | | | | | | | | | D | ate: | | D | ay | / | Moi | nth | /[| Year | |
| r. If non-UK National, da (This is not necessarily | | | | | | | | | | | | | | n th | e Uł | 〈) | | | D | ate: | : | | ay | / | Moi | nth | /[| Year | |
| s. Occupation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |







| t. Please enter the individuals death and enter their last k | | | | ddres | ss be | elow: | If the | indi | vidua | l is d | dece | ase | d, pl | ease | pro | vid | e th | e d | ate | of | |
|---|---------|---------|----------------|--------|-----------|---------|------------|-------|-------|--------|------|-------|--------|--------|------|------|------|-------|-----|-----|---|
| Full permanent address: Si | nce | Month |] / | | Year | | | | | | | | | | | | | | | | |
| House/Flat number: | | Hous | se nam | e: | | | | | | | | | | | | | | | | | |
| Street: | | | | | | | | | | | | | | | | | | | | | |
| District: | | | | | | | | | | | | | | | | | | | | | |
| Town: | | | | | | | | | | | | | | | | | | | | | |
| County / Region: | | | | | | | | | | | | | Pos | stcod | le: | | | | | | |
| Country: | | | | | | | | | | | | | | | | | | | | | |
| u. Date of death (if applicable |) | | | | | | | | | | | | | Day |]/ | Mo | nth | /[| | Yea | r |
| 18. Details of PARTNER' Guardians | S othe | er Pare | ents, <i>l</i> | Adop | otive | e Par | ents | s, Fo | ster | Pa | rent | is, S | Step | • | rer | | | L | ega | | |
| If you do <u>not</u> know full details | of this | individ | ual, ple | ease t | tick ł | nere: | | | | | | | | | | | | | | | |
| Please give explanation: | | | | | | | | | | | | | | | | | | | | | |
| a. Relationship: | | | | | | | | | c. T | itle (| Mr/N | Irs/N | /Is/IV | liss/[| Or/P | rof/ | /Rev | /): [| | | |
| b. Date of adoption (if applica | ble): | | | Day | / <u></u> | onth / | / <u> </u> | Year | | | | | | | | | | | | | |
| d. Surname (now): | | | | | IVI | | | | | | | | | | | | | | | | |
| e. Surname (birth): | | | | | | | | | | | | | | | | | | | | | |
| f. Any Other Surname(s) used | : 1. | | | | | | | | | | | | | | | | | | | | |
| | 2. | | | | | | | | | | | | | | | | | | | | |
| g. Explanation of different su (e.g. marriage, deed poll, et | | | | | | | | | | | | | | | | | | | | | |
| h. Full forename(s): | | | | | | | | | | | | | | | | | | | | | |
| i. Have this individual's foren | ames ch | nanged | at any | time | sinc | e birtl | 1? | | , | Yes | | | N | lo | | | | | | | |
| j. Previous forename(s): | | | | | | | | | | | | | | | | | | T | | T | |
| k. Explanation of previous forenames | | | | | | | | | | | | | | | | | | | | | |
| I. Date of Birth: | / [| /[| Yea | ar | | | | | | | | | | | | | | | | | |

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| m. Town of birth: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---------|-------|------|---------------|-------|-------|----------|---------|------|------|------|-----|-------|--|------|------|-----|---|----------|-----|----------|----------|-------|----------------|------|------------|----|--|
| County / Region: | | | | | | | | | | | | | | | | | | | | | | | | | | \exists | | |
| Country: | | | | | | | | | | | | | | | | | | | | | | | | | | T | | |
| *n. Present Nationality | : | | | | | | | | | | | | | | | | | | | | | | | | | T | | |
| *o. Dual Nationality (if a | any): | | | | | | | | | | | | | | | | | | | | | | | | | \Box | | |
| *p. Former Nationality | (if any |): | | | | | | | | | | | | | | | | | | | | | | | | \Box | | |
| * There is a difference nationality, tick here | | | | atioi dvis | | | | | | | | | | | | | | | | | ra | the | r tha | an | | | | |
| q. If British naturalised give number and dat | | ertif | fica | te: | | | | | | Nur | nbe | er: | | | | | | | | | | | | | | | | |
| r. If non-UK National, of (This is not necessaring). s. Occupation: t. Please enter the indi | ly the | sam | ne a | s the | e dat | te of | f the | pei | rmis | ssio | n to | sta | ay in | | al i | s de | ate | | Da Da | ay | / / | Mo Mo | nth | / / | date | Yea Yea | | |
| death and enter thei | | | | add | Mon | | low / | '. [| | Yea | r | | | | | | | | | | | | | | | | | |
| House/Flat number: | | | | | Но | use | nar | ne: | | | | | | | | | | | | | | | | | | | | |
| Street: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| District: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Town: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| County / Region: | | | | | | | | | | | | | | | | | | P | ost | coc | le: | | | | | | | |
| Country: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| u. Date of death (if app | licab | le) | | | | | | | | | | | | | | | | | |)ay |]/ | Mo | onth |]/ | | Ye | ar | |



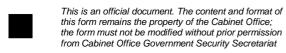
19. Details About Your Co-Residents

Please give details of anyone aged 18 or over living with you in shared accommodation (e.g. lodgers, au-pairs, flat-mates, etc). You need not enter details of your partner or of anyone you have already included in this questionnaire. Do not enter details of those who live in the same hostel or shared Service accommodation.

| If not applicable ple | ease | e go | to | qu | est | ion | 20. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------------|-------------|----------|------|------------------|----------|---|-------|------|------|------|------------|----------|-------|--|-------|------|-------|-----------------|-------|-------|------|------|-----|------|------|------|------|------|--|---------------|----------|----------|--|
| a. Surname (now): | | | | | | | | | | | | | | | | | | b. ⁻ | Title | e (N | Ir/N | lrs/ | Ms | /Mis | ss/C | Or/F | rof | /Re | ev): | | | | |
| c. Forename(s): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Date of Birth: | | | / | | | / | | | | | | | | | | | | | | OR | R Ap | opr | oxi | mat | e A | ge | (in | Ye | ars) | : | | | |
| e. Town of Birth: | | ay | | Mo | nth | | | Ye | ear | | | | | | | | | | | | | | | | | | | | | | | | |
| *f. Present Nationality: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - | *If | appl | icab | le, į | plea | se d | diffe | rent | iate | bet | vee | n ci | tizer | ship | an | d na | atior | nality | , | | | | | | | | _ | | | \equiv | _ | _ | |
| g. Occupation: | | | | | | | | | | | | | | | | | | | | | | | | | | | L | | | | | | |
| | _ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | _ | _ | _ | |
| a. Surname (now): | | | | | | | | | | | | | | | | | | b. ⁻ | Title | e (N | Ir/N | Irs/ | Ms | /Mis | ss/C | Or/F | rof | /Re | ev): | | | L | |
| c. Forename(s): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | L | |
| d. Date of Birth: | Ĺ | | / | N 40 | nth | / | | | | | | | | | | | | | | OF | R Ap | opr | oxi | mat | e A | ge | (in | Ye | ars) | : | | | |
| e. Town of Birth: | | ay | | IVIO | nth | | | 16 | ear | | | | | | | | | | | | | | | | | | | | | | | | |
| *f. Present Nationality: | | | | | Ī | | | | | | | | | | | | | | | | | | | | | | | | | | F | | |
| Nationality. | *If | appl | icab | le, _l | plea | se o | diffe | rent | iate | bet | vee | n ci | tizer | ship | o an | d na | atior | nality | , | | | | | | | | | | | | | | |
| g. Occupation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | L | |
| | _ | | | | | | | | | | | | | | | | | 1 | | | | | | | | | | | | = | _ | _ | |
| a. Surname (now): | | | | | | | | | | | | | | | | | | b. ⁻ | Γitle | ● (N | Ir/N | Irs/ | Ms | /Mis | ss/E | Or/F | Prof | /Re | ev): | \sqsubseteq | L | L | |
| c. Forename(s): | | | | | | <u> </u> | | | | | | | | | | | | | | | | | | | | | | | | | | L | |
| d. Date of Birth: | Ļ | | / | Ma | | / | | | | | | | | | | | | | | OR | R Ap | opr | oxi | mat | e A | ge | (in | Ye | ars) | : | | | |
| e. Town of Birth: | г | ay | | IVIO | nth | | | 16 | ear | | | | | | | | | | | | | | | | | | | | | | | | |
| *f. Present | | | | | | <u> </u> | | | | | | <u> </u> | | <u> </u> | | | | | | | | | | | | | | | <u> </u> | | \vdash | | |
| Nationality: | * <i>If</i> | appl | icab | le. i | plea | se d | diffe | rent | iate | bet | vee vee | n ci | tizer | shir |) an | d na | atior | nality | , | | | | | | | | | | | Ш | | <u> </u> | |
| g. Occupation: | | | | - , , | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Surname (now): | | | | | | | | | | | | | | | | | | b. ⁻ | Title | e (N | Ir/N | lrs/ | Ms | /Mis | ss/C | Or/F | rof | /Re | ev): | | | | |
| c. Forename(s): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Date of Birth: | | | / | | | / | | | | | | | | | | | | | | OF | R Ap | opr | oxi | mat | e A | ge | (in | Ye | ars) | : | | | |
| | D | ay | | Мо | nth | | | Υe | ar | | | | 1 | | | | 1 | | | | | | | | | | _ | | 1 | | _ | | |
| e. Town of Birth: | | | | | | | | | | | | | | | | | | | | | | | | | | | L | | | | | | |
| *f. Present Nationality: | +16 | | | | Ļ | | 1:66 | | | | | | | <u> </u> | | Ļ | ļ., | | | | | | | | | | | | | | | | |
| g. Occupation: | "If . | appl | icab | ie, į | oiea | se o | ите | ent | ate | peti | wee | n CI | uzer | isniļ | an an | a na | atior | iality | , | | | | | | | | | | | | ' | | |
| If more than 4 co-re (pages 47 - 49). | | | | | | | | • | | an | d e | nte | r ad | diti | ona | al c | o-re | esid | lent | ts' o | leta | ails | on | the | co | nti | nua | itio | n sl | 100 | ts | | |



| 20. Employment in I | HM F | orc | es | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|----------------------------------|-------------------------------|------------------------------|------------------------------|---------------------------------|-------------------------------|-----------------------------|---------------------------|------------------------------|----------------------------|-------------------------------|----------------------------|-----------------------------|------------------------------|------------------------------|--------------------|----------------------|----------------------|-------------------|-----------------|----------------------|------------------|-------------------|--------------------|-----------------------|-----------------------|------------------|---------------|------------|--|
| a. Are you now, or have | you e | ver k | eer | ı a ı | mer | nbe | r o f | Н | 1 F | orc | es | or | Res | erv | /e? | | | | | | | | Υ | es | [| | | N | lo | | |
| If you answered 'no' plea | ase go | to C | Ques | stior | า 21 | . If y | ou | ans | swe | erec | y' k | es' p | olea | se | give | de | tails | s be | lov | / . | | | | | | | | | | | |
| b. Are you currently serv | /ing? | | | | | | | | | | | | | | | | | | | | | | Y | es | | | | N | lo | | |
| c. Dates of Service: | | Fro | m: | | | | / | | | | | | | | T | o: | | | | / | | | | | 7 | | | | | | |
| | | | | - | Mont | h | | _ | | Ye | ar | 1 | J | | | | Мо | nth | ı | | | Y | 'ear | | _ | | | | | | |
| d. Rank now or on disch | arge: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Service (RN/RM, Army | or RA | \F): | | | | | | | | f | . S | ervi | ice | Nu | mbe | er: | | | | | | | | | | | | | | | |
| 21. Employment in F | | | | | | | vic | e, | th | e C | Civ | /il N | Nuc | cle | ar I | nd | us | try | , P | oli | ce | Fo | rce | es | | | | | | | |
| This includes employment Constabulary, Direct Rail of Healthcare, Geodis, Imped Ltd, Magnox, Nuclear Dec Springfield Fuels Ltd, Stud Power, the Civil Aviation A | Servic rial Co commis dsvik (| es Li ollege ssior Gate | td, L e Re ning eshe | Doui eacte Aut ead) | nrea or C thor , Uk | ay Si Centr ity, N KAE | ite l e, l lati A, L | Res Inte iona Jrei | tor rna al N nco | ation tion lucl , V | on L nal lear T N | Ltd, Nuc r Lai lucle | Eni clea bora ear | rich r Se atoi Sei | mer ervic y, N vice | nt Te ces IUV es, l | ech (Wa 'IA, | nold arrii Sel | ogy ngto lafio | UK on), eld | (M Ja Ltd | farlo mes , RS | w, Fis SRL | Cap she (Ha | oen r (C arw | hurs Crew ell a | st), (ving and | GE Sei Wir | rvic nfrit | es) h), | |
| a. Are you employed nov | w, or h | nave | yοι | ı ev | er l | oeen | en | npl | оує | ed, | by | any | of | the | ab | ove | ? | | | | | | Υ | es | [| | | N | lo | | |
| If you answered 'no' plea | ase go | to C | Ques | stior | า 22 | l. If y | ou | ans | swe | erec | y' k | es' p | olea | se | give | de | tails | s be | lov | / . | | | | | | | | | | | |
| b. Present or most recer organisation: | nt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Dates of Service: | | Fro | m: | | Mont | h | / | | | Ye | ar | | | | T | o: | Mo | nth | , | / | | Y | ear | | | | | | | | |
| d. Grade now or on leavi | ing: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22. Your Present En | nploy | /me | nt | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To be completed if you a | are NC |)T cı | ırre | ntly | en en | plo | yed | l in | НΝ | /I F | orc | es | or F | н | Gov | /err | nme | ent | Ser | vic | e. | | | | | | | | | | |
| a. Are you presently emp | oloyed | !? | | | | | | | | | | | | | | | | | | | | | Υ | es | [| | | N | lo | | |
| If you answered 'yes' ple | ease g | ive p | res | ent | emp | oloyr | ner | nt d | eta | ils t | oeld | ow. | If yo | ou a | ansv | vere | ed 'i | no' | plea | ase | go | to c | ue | stio | n 23 | 3. | | | | | |
| b. Name of employer: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Address of employer: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address Line 1: | | \prod | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address Line 2: | | I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Town: | | I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| County/Region: | | | | | | | | | | | | | | | | | | | | | Р | ost | coc | le: | | | | | | | |
| Country: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Telephone: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Surname of Immediate | e Supe | ervis | or: | [| | | | Т | | | | | | | | | | | | | | | | | | | | | | | |
| f. Forenames of Immedia | ate Su | perv | iso | r: | | Ī | j | Ţ | | | | | | | | | | | | | | | | | | | | | | | |





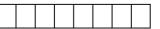
| g. Immediate Supervisor | 's jo | ob title | e : | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----------------------|---------------------------------------|------------------------------|--------------------------|----------------------------|-----------------------------|----------------------------|-------------|-------------------|---------------------|------------|----------------------|------------|------------|-------------|-----------|------------|--------------|---------------|-------------|----------|------------|-------------|-------|--------|--------------|-------------|----------------|--------|-------------|--|
| h. Immediate Supervisor address (if known): | 's e | -mail | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| , | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i. How long have you be | en s | uperv | ised | d by | / th | is ir | ndiv | /idu | ıal: | | | | Ye | ars | | | Mor | ths | | | | | | | | | | | | | |
| If your answer is less than continuation page to give | | | | | | | | | | | | | | | | | | | | | at le | eng | th o | f tin | ne, | ple | ase | use | e th | е | |
| j. Your current job title: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| k. Date of joining: | Mo | onth | / | | Y | ear | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23. Your Previous E | mp | loym | ent | t | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please enter details of a employment first. Please Office. Where work was continuation sheets on pemployment agency sho If you have no previous en | obto oage ould | clude a ained es 47 · provid | any thro - 49. de d | per ugl Se leta | iod h aı If-e ils | s of n en mpl of 3 | f un npl loye fir | oyn ed o | plo nen con | ym nt ag ntra | ent gen | t of icy, rs o | 3 m det | on ail: | ths s of | or the | mo e aç | re g jend | jivii cy a | ng t ind | he da | ado tes | dres onl | ss c | of the | he r I be | elev giv | van ⁄en | t Bo | ene se t | |
| a. Name of employer: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Address of employer: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address Line 1: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address Line 2: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Town: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| County/Region: | | | | | | | | | | | | | | | | | | | | | Р | ost | cod | le: | | | | | | | |
| Country: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Telephone: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Surname of Immediate | Su | pervis | sor: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Forenames of Immedia | ate : | Super | viso | r: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Supervisor's Grade/Ra | nk: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. Supervisor's job title: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. Supervisor's e-mail address (if known): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i. Your Grade/Rank: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| j. Your job title: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| k. Dates: | ı | From: | Мо | nth |] | / | | Ye | ear | | | | T | o: | Мо | nth |] | / | | Y | ear | | | | | | | | | | |
| a. Name of employer: | | | Π | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Address of employer: | | <u> </u> | | <u> </u> | | | | | | <u> </u> | | | | | | | | | | | | | | | | | | | | | |
| Address Line 1: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address Line 2: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Town: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| County/Region: | | | İ | | | | | | | | | | | | | | | | | | P | ost | cod | le: | Π | | | \blacksquare | \neg | | |

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| Country: | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------|-----|------|-----|-----|---|---|------|------|-------|----|-----|-----|---|---|------|-----|-----|-----|-----------|---------------|---------------|-------------------|---|----------------|
| c. Telephone: | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Surname of Immediate | Su | ре | rvis | or: | | | | | | | | | | | | | | | | | | | | | |
| e. Forenames of Immedia | ate S | Sup | perv | iso | r: | | | | | | | | | | | | | | | | | | | | ٦ |
| f. Supervisor's Grade/Rai | nk: | | | | | | | | | | | | | | | | | | | | | | | | ٦ |
| g. Supervisor's job title: | | | | | | | | | | | | | | | | | | | | | | | | | ╗ |
| h. Supervisor's e-mail address (if known): | | | | | | | | | | | | | | | | | | | | | | | T | | ٦ |
| i. Your Grade/Rank: | | | | | | | | | | | | | | | | | | | | | | Ħ | T | Ì | ٦ |
| j. Your job title: | | | | | | | | | | | | | | | | | | | | | | | Ī | | ī |
| k. Dates: | F | Fro | m: | | | / | | | | Т | o: | | | / | | | | | | | | | | • | |
| | | | | Moi | nth | | Υ | 'ear | | | | Мо | nth | | Υ | 'ear | | | | | | | | | |
| a. Name of employer: | | | | | | | | | | | | | | | | | | | | T | $\overline{}$ | $\overline{}$ | $\overline{\top}$ | T | $\overline{1}$ |
| b. Address of employer: | | | | | | | | | | | | | | | | | | | | | | | | | _ |
| Address Line 1: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address Line 2: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Town: | | | | | | | | | | | | | | | | | | | | | | | | | |
| County/Region: | | | | | | | | | | | | | | | | P | ost | coc | le: | | | | | | |
| Country: | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Telephone: | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Surname of Immediate | Su | pe | rvis | or: | | | | | | | | | | | | | | | | | | | | | |
| e. Forenames of Immedia | ite S | Sup | perv | iso | r: | | | | | | | | | | | | | | | | | | \Box | | ٦ |
| f. Supervisor's Grade/Rai | nk: | | | | | | | | | | | | | | | | | | | | | | | | |
| g. Supervisor's job title: | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. Supervisor's e-mail address (if known): | | | | | | | | | | | | | | | | | | | | | | | | | |
| i. Your Grade/Rank: | | | | | | | | | | | | | | | | | | | | | | | | | |
| j. Your job title: | | | | | | | | | | | | | | | | | | | | | | | | | |
| k. Dates: | F | Fro | m: | | | / | | | | Т | o: | | | / | | | | 7 | | | | | | | |
| | | | | Moi | nth | | Y | ear | | | | Moi | nth | | Y | ear | | | | | | | | | |
| a. Name of employer: | | | | | | | | | | | | | | | | | | | | \exists | \exists | $\overline{}$ | $\overline{\top}$ | | $\overline{1}$ |
| b. Address of employer: | | | | | | | | | | | | | | | | | | | | | | | | | _ |
| Address Line 1: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address Line 2: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Town: | | | | | | | | | | | | | | | | | | | | | | | | | |
| County/Region: | | | | | | | | | | | | | | | | P | ost | coc | le: | | | | | | |
| Country: | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Telephone: | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Surname of Immediate | Su | ре | rvis | or: | | | | | | | | | | | | | | | | | | | | | |
| e. Forenames of Immedia | ite S | Sup | perv | iso | r: | | | | | | | | | | | | | | | | | | Ī | | |

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| f. Supervisor's Grade/Ra | nk: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------|------|-------|------|-------|------|------|------|-----|------|------|-------|------|-------|------|------|-----------------|-------|------|------|------|-----|------|------|-----|------|------|--------|-----------|------|------|----------------|
| g. Supervisor's job title: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. Supervisor's e-mail address (if known): | | | | | | | | | | | | | | | | | | | | | | | | | | | | П | | | | $\overline{}$ |
| i. Your Grade/Rank: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \blacksquare |
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| If more than 4 previous sheets (pages 47 - 49). | en | nplo | oyer | 's p | lea | se | tick | he | re | | aı | nd (| ente | er a | ddi | tio | nal | em | plo | yme | ent | det | ails | on | th | e c | onti | inua | atio | n | | |
| 24. Your Supervisors | S | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To be completed only if years. If not please go to | | | | | | / se | rvir | ng i | n H | M F | Ford | ces | , Re | esei | rve | or I | НМ | Go | ver | nm | ent | or | hav | e d | lon | e so | o in | the |) las | st 5 | | |
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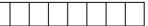
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| b. Surname | | | | | | | | | | | | | | | | С | . Ti | tle | (Mr | /Mr | s/M | s/N | liss | /Dr | /Pr | of/F | Rev |): | | | | |
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26. Your Character Referees

Please give details of a minimum of three referees (NOT RELATIVES OR PARTNERS AND PREFERABLY NOT SUPERVISORS OR EMPLOYERS) who, collectively, must have known you well over the past 10 years. At least one of the referees should be someone in your own age group. They should preferably be British citizens (but this is not obligatory) and, since it may be necessary for them to be interviewed, they must be able to make themselves available for that purpose in the UK or in a major military base overseas. YOU SHOULD TELL YOUR REFEREES THAT YOU WISH TO PUT THEIR NAMES FORWARD.

Referees should between them cover each specific area in which you have lived during this period: thus additional referees should be named if you have moved frequently during the last 10 years. It is not sufficient to nominate someone you know officially or professionally, such as a doctor, unless you know them socially as well. Similarly, staff members of a school, college or university should not be chosen unless they are close personal friends. Referees should include a person (not a partner), who knows you well in your home environment and ideally someone (other than a supervisor or employer) who knows you well in the work environment.

First Character Referee

| a. Surname | | | Т | T | 1 | <u> </u> | Т | T | <u> </u> | | Т | Π | <u> </u> | <u> </u> | | | h 1 | -i+lo | /N/I | r/N/I | rc/l | Mc/ | Mic | ss/D | r/D | rof | /Da | ٠. | \Box | $\overline{}$ | \Box |
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| g. Home Telephone: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. Work Telephone: | | | | | | | | | | | | | | | | | | E | xt. | | | | | | | | | | | | |
| i. Mobile Telephone: | | | | | | | | | | | | | | | | | | | | | | | | | | _ | | | | | |
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| k. Alternative Address for | or In | ter | vie | w (i | f ap | pli | cab | le): | | | | | | | | | | | | | | | | | | | | | | | |
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| m. When did you last se | e th | e R | efe | ree | ? | | | | Mo | onth | | / | | | /ear | | | | | | | | | | | | | | | | |
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Second Character Referee

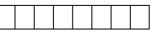
| a. Surname | | | | | | | | | | | | | | | | b. ⁻ | Title | e (N | Ir/N | lrs/ | Ms/ | /Mis | ss/C | r/P | rof/ | 'Re | v): | | | |
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| d. Date of Birth: | | ay |]/ | Mo | nth | / | | Ye | ar | | | | | | 0 | R A | ppı | roxi | ima | te / | Age | e (in | Ye | ars |): | | | [| | |
| e. Occupation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Home Address of Refe | eree | : | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| House/Flat Number: | | | | | | | Н | ous | se N | lan | ıe: | | | | | | | | | | | | | | | | | | | |
| Street: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| District: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Town: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| County/Region: | | | | | | | | | | | | | | | | | | | | | P | ost | cod | le: | | | | | | |
| Country: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. Home Telephone: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. Work Telephone: | | | | | | | | | | | | | | | | | E | xt. | | | | | | | | | | | | |
| i. Mobile Telephone: | | | | | | | | | | | | | | | | | | | | | | | | | = | | | | | |
| j. Email Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| k. Alternative Address fo | or In | ter | vie | v (i | f ap | plic | cab | le): | | | | | | | | | | | | | | | | | | | | | | |
| Address Line 1: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address Line 2: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ٦ |
| Town: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | T | 司 |
| County/Region: | | | | | | | | | | | | | | | | | | | | | Р | ost | coc | le: | | | | | T | ヿ |
| Country: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I. How long have you kn | owr | the | e R | efe | ree' | ? Ye | ears | s: | | | | | | | | | | | | | | | | | | | | | | |
| m. When did you last se | e th | e R | efe | ree | ? | | | | Mo | onth | | / | | ear | |] | | | | | | | | | | | | | | |
| n. Frequency of contact: | : | | | | | | | | | ce | a W | /ee | k: [| vai | C | nc | e a | Мо | nth | : [| | | | On | се а | a Yo | ear: | |] | |



Third Character Referee

| | _ | _ | | _ | _ | | | | | | | | | | | | | | | | | | | | | | | | | _ | | _ |
|--------------------------|-------|------|-----|------|-------------------|------|------|------|------|------|-----|------|--------------|------|-----|------|------|-------|-----|-----|------|------|-------|------|------|-----|-----|-----|-----|------|----|---|
| a. Surname | | | | | | | | | | | | | | | | | b. 7 | Γitle | (M | r/M | lrs/ | Ms/ | Mis | ss/E |)r/P | rof | /Re | v): | | | | |
| c. Forename(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Date of Birth: | | Day |]/ | M | onth |]/ | | Ye | ear | | | | | | | 0 | R A | ppı | oxi | ima | te / | ٩ge | e (ir | ı Ye | ears | s): | | | | | | |
| e. Occupation: | | Jay | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Home Address of Refe | eree | : | | | | _ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| House/Flat Number: | | | | | | | Н | lous | se l | Nan | ne: | | | | | | | | | | | | | | | | | | | | | |
| Street: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| District: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Town: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| County/Region: | | | | | | | | | | | | | | | | | | | | | | Ρ | ost | coc | le: | | | | | | | |
| Country: | Ī | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. Home Telephone: | Ē | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. Work Telephone: | | | | | | | | | | | | | Ì | | | | ĺ | E | ĸt. | | | | Π | | Τ | | | | | | | |
| i. Mobile Telephone: | | | | | | | | | | | | | | | | | j | | | | • | | • | • | • | _ | | | | | | |
| j. Email Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| k. Alternative Address f | or Ir | nter | vie | w (| if a _l | pli | cab | le): | | | • | | | | | | | | | | | | • | • | • | | | • | | | | |
| Address Line 1: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address Line 2: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Town: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| County/Region: | | | | | | | | | | | | | | | | | | | | | | Р | ost | coc | de: | | | | | | | |
| Country: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I. How long have you kn | owi | n th | e R | Refe | ree | ? Y | ear | s: | | | | | | | | | | | | | | | | | | | | | | | | |
| m. When did you last se | e th | e R | efe | eree | ? | | | | N/c | onth |] , | / | | | ear | | | | | | | | | | | | | | | | | |
| n. Frequency of contact | : | | | | | | | | | | a V | /ee | k : [| | Jai | C | nc | e a | Мо | nth | : [| | | | On | се | a Y | ear | : [|] | | |
| If more than 3 charact | er r | efer | .66 | s nl | eas | e ti | ck l | nere | _ | | ar | nd e | nte | r th | e d | leta | ils | for | eac | h a | ddi | itio | nal | cha | arad | ter | ref | ere | e 0 | n tł | 16 | |

continuation sheets (pages 47 - 49).







27. Health Declaration

Please read the following BEFORE answering the questions below and overleaf about your health.

In some cases it may be necessary to consult your doctor and you may be asked to attend a medical examination. Any enquiries will be conducted by the Defence Vetting Agency's Vetting Medical Adviser (VMA), an approved Occupational Health Organisation (OHO) or Medical Officer (MO), such as BMI Health Services, or approved Medical officer (MO). In all but the most exceptional circumstances, these reports will not be made available to Departmental Security Officers, Personnel Officers or to line management. Exceptionally, a medical report may need to be seen by an appropriate senior person in your vetting authority in order to help reach a proper assessment of your suitability to hold a security clearance. This may or may not include access to your full medical records. In such cases, you will be asked to give your consent for this to be done.

If you answer 'yes' to Question 27b, c, d or e below, you will be asked to sign the declaration on page 36. By doing so, you will be giving your consent, under the terms of the Access to Medical Reports Act 1988, for the VMA/OHO/MO to obtain a medical report from your doctor or other specialist, if this is considered necessary. Under the terms of the Act, you have the right to withhold your consent at any stage in the process, but you should be aware that this may mean it is not possible to grant or renew your security clearance.

Once you have given your consent, you have the right to see the medical report before it is supplied to the VMA/OHO/MO. The VMA/OHO/MO will write to tell you that they have requested a report, and you will have 21 days from the date of their letter in which to ask your doctor or other specialist to let you see the report before it is forwarded to them. Your doctor or other specialist will tell you if you cannot see any part of the report for professional medical reasons. If you are given access to your report, it will not be forwarded to the VMA/OHO/MO until you give your consent.

If you think any information in the medical report is incorrect or misleading, you can ask in writing for it to be amended. You should note that if your doctor or other specialist does not accept the information as incorrect or misleading, they do not have to make any amendment. They will however invite you to prepare a written statement on the disputed information, which will be attached to the medical report when it is sent to the VMA/OHO/MO. Subject to the provisions of the Act, you have a right to see the medical report for up to six months after it has been sent to the VMA/OHO/MO. If your doctor or other specialist gives you a copy of the medical report at your request, they may charge you a reasonable fee to cover the cost of supplying it.

Now please answer the following questions about your health. Although it may be taken into account, information provided will not necessarily prevent you having a security clearance.

| a. Are you currently taking any medication? | Yes | No |
|--|-------------------|---------------|
| Certain psychological and medical conditions may have security implications. | | |
| b. Have you suffered at any time from clinical depression, mental illness,nervous breakdown/nervous debility, serious medical or psychological problems? | Yes | No 🗌 |
| c. Do you suffer, or have you ever suffered from any condition that may cause occasional and momentary loss of consciousness, for example epilepsy, insulin-dependent diabetes and certain heart conditions? | Yes 🗌 | No 🗌 |
| d. Are you currently or have you ever been a habitual user of addictive substances (e.g. drugs or alcohol)? | Yes | No 🗌 |
| e. Are you aware of any health matters not already covered by your previous answers which might affect your suitability for access to sensitive information or assets? | Yes | No 🗌 |
| If you have answered 'No' to all the above questions, go to Question 28. You need not sign | the next page. | |
| If you have answered 'Yes' to Question 27a only, please give details of your medication be You need not sign the next page. | low, then go to G | Question 28. |
| If you have answered 'Yes' to Question 27b, c, d or e, please give full details below. Complesign and date the next page where indicated. | ete Questions 27 | 7f - 27m, and |
| Details: | | |
| | | |
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RESTRICTED (WHEN COMPLETED)

Page 35

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the form must not be modified without prior permission

from Cabinet Office Government Security Secretariat



| f. Your Surname | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------|------|------|------|------|-----|----|-----|------|-----|------|-----|-----|-----|-------------|---|---|-----|---|------|-------|------|-----|------|------|----|---------|------|---|----------------|
| g. Your Forename(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. Surname of Your Curr Practitioner/Medical O | | | ner | al | | | | | | | | | | | | | | | | i. 1 | Γitle | e (D | r/P | rof | etc) |): | | | | |
| j. Surgery Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address Line 1: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address Line 2: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Town: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| County/Region: | | | | | | | | | | | | | | | | | | | | P | ost | coc | le: | | | | | | | |
| Country: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| k. If appropriate, please | give | e de | etai | ls c | of y | our | ho | spi | tals | spe | cial | ist | bel | ow: | | | | | | | | | | | | | | | | |
| Surname of Your Hosp Specialist | ital | | | | | | | | | | | | | | | | | | | Ι. | Title | e (C | r/P | rof | etc |): | | | | |
| Hospital Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address Line 1: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address Line 2: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Town: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| County/Region: | | | | | | | | | | | | | | | | | | | | Р | ost | cod | le: | | | | | | | |
| Country: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| m. Hospital Registration (if appropriate) | Nu | mb | er: | | | Τ | | | | | | | | | | | | | | | | | | | | | | | | |
| (ii appropriato) | | | | | | | | • | | | | | | • | · · · · | | | • | | | | | | | | | | | | |
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| Signed: | | | | | | | | | | | | | | | | | C | ate | : | D | ay |] / | M | onth |]/ | | <u></u> | Year | | $\rfloor \mid$ |

PLEASE READ THIS BEFORE SIGNING

You are only required to sign here IF you have answered 'Yes' to any question from 27b to 27e, inclusive.

By signing this page, you will be giving your consent, under the terms of the Access to Medical Reports Act 1988, for the VMA/OHO/MO to obtain a medical report from your doctor or other specialist, if this is considered necessary. Under the terms of the Act, you have the right to withhold your consent at any stage in the process, but you should be aware that this may mean it is not possible to grant or renew your security clearance.



28. Criminal Convictions & Related Matters

In line with HM Government's policy on vetting on page 3, you must declare any matter which may be relevant.

This includes: any criminal convictions which you may have, including those which are 'spent'. In line with the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, the Rehabilitation of Offenders (Exclusions and Exceptions)(Scotland) Order 2003, and the Rehabilitation of Offenders (Exceptions) Order (Northern Ireland) 1979, spent convictions may be taken into account where national security is concerned. In Northern Ireland, spent convictions may also be taken into account where protecting public safety or public order is involved. You must reveal all convictions, whether or not spent, under the legislation.

The relevant department or agency will decide if a criminal conviction affects your security clearance. Although it may be taken into account, this information will not necessarily prevent you from being awarded a security clearance.

Please answer the three questions on the next page and sign and date the section.

You have the option to detach the Criminal Declaration (page 38) should you wish the Vetting Authorities alone to see your response on these matters. You should remove the section and place in an envelope, then seal the envelope, sign your name across the flap and attach it to the front of the questionnaire before sending to your sponsor.

Failure to disclose relevant circumstances or information is likely in itself to be regarded as evidence of unreliability and will be taken into account when assessing your suitability for security clearance.



You are reminded that your answers will be checked against national criminal records.

| Have you ever been: | | | | | | | | | | | |
|---|-------|-------|------------|------|--|--|--|--|--|--|--|
| a. convicted or found guilty by a Court (including juvenile courts) of ANY offence in ANY country (excluding parking and speeding, but including all other motoring offences even where a spot fine has been administered by the police)? | | | | | | | | | | | |
| b. on probation, or received a formal caution, or been absolutely/conditionally discharged,or had a fixed penalty notice or penalty notice for disorder issued to you, or accepted a fiscal fine from the Procurator Fiscal in Scotland, or been bound over after | Yes | | No | | | | | | | | |
| being charged with any offence, or is there any action pending against you? c. convicted by a Court Martial, or sentenced to detention or dismissal or fined while serving in the armed forces of the UK or any Commonwealth or foreign country? | Yes | | No | | | | | | | | |
| If you answered Yes to any of the questions on this page, please give full details, (including dates) below. | | | | | | | | | | | |
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| Please enter your full name and sign and date below. | | | | | | | | | | | |
| Surname: | | | | | | | | | | | |
| Forename(s): | | | | | | | | | | | |
| | | | , | | | | | | | | |
| Signed: Date: | Day / | Month | / <u> </u> | Year | | | | | | | |







29. Security Information

You are reminded that your answers will be checked against national security records.

| Tod die Teiliniaed triat your driewers will be offeened against national sec | arity i | 0001 as | • | |
|--|-----------|------------|---------|---------|
| Have you ever been involved in: | | | | |
| a. espionage? | Yes | | No | |
| b. terrorism? | Yes | | No | |
| c. sabotage? | Yes | | No | |
| d. Actions intended to overthrow or undermine Parliamentary democracy by political, industrial or violent means? | Yes | | No | |
| e. Have you ever been a member of, or supported a group or groups involved in any of the above activities? | Yes | | No | |
| f. Have you ever had a close association with anyone, including any member of your family, who, to your knowledge, has been a member of or given active support to any such group or activities? | Yes | | No | |
| 30. Other Information You are required to state if there are any other matters which might be re a security clearance. | elevant | to the | granti | ng of |
| a. Do you currently have, or have you ever had, significant financial difficulties? | Yes | | No | |
| b. Are you now, or have you ever been, involved in conduct liable to lead to susceptibility to pressure or improper influence? | Yes | | No | |
| c. Are you aware of any other circumstances or characteristics not covered by your previous answers which might affect your suitability for access to sensitive information or assets? | Yes | | No | |
| If you answered Yes to any of the questions on this page, please give full details below. | | | | |
| | | | | |
| 31. Previous Security Clearances | | | | |
| Have you completed any previous government security questionnaires or held a security clearance before? | Yes | | No | |
| If you answered Yes, please provide information on the most recent questionnaire/security agency or firm you applied to or were working for, and the date completed. | / clearar | ice, the c | departn | nent, |
| Type of Questionnaire: | | | | |
| Department, agency or firm: | | | | |
| Date Completed: / Year | | | | |
| Have you ever had a security clearance withdrawn or withheld? | Yes | s 🗌 | No | |
| If so, please state what level of clearance, which department, agency or firm you were wor the date when your clearance was withdrawn. | king for | or had a | pplied | to, and |



| 31540 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------|-----|------|------|------|------|------|----------|-----|-------|--------|------------|-------|------|-----|-----|-------|-----------------|--------|------|------|------|------|----------|-----------------|-------------|---------|-----------|---------------|----------|----------|---------------|
| Level of clearance (e.g | g DV, | SC | C, C | тс |):[| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Department, Agency o | r Firi | m: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of withdrawal: | | | | Dav | | /[| Mor | nth | / | | | 'ear | | | | | | | | | | | | | | | | | | | | |
| Please give the reason for this: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is there any other information that you wish to provide in support of your clearance application? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Financial Information | n | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In the following question recent financial situation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | nt a | ınd | | |
| 32. Your Properties | | | | | | | | | | | | - | | | | | | | | | | | | | | | | | | | | |
| a. How many properties of | do vo | u c | owr | 1. Օ | r pa | arti | v o | wn. | in | the | . UŁ | (o | r ov | ers | eas | ? | | | | | | | | | | | | | | | | \Box |
| b. Details of your propert | - | - | | ., • | | | , - | , | | | | | | | - | • | | | | | | | | | | | | | _ | | | ш |
| Property 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address Line 1: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address Line 2: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Town: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| County/Region: | | | | | | | | | | | | | | | | | | | | | | P | osto | cod | e: | | | | | | | |
| Country: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Purchase | | | /[| | | /[| | | | | | | | | | F | urc | ha | se p | ric | е | £ | | | | | | | | | | |
| Mortgaged? | Day | | | Mon | th | N | lo [| Ye T | ar | | | | C | urr | ent | ma | arke | et va | alua | ıtio | n | £ | | | \neg | | | Τ | Π | | Π | |
| What type of mortgage? | Rej | กลง | | | Ш | | nter | _ est | On | ıv [| \neg | F | =lexi | ble | | | Oth | er Í | \neg | Te | rm | ı | nor | tga | ae | (in | mc | ⊥ ontł | າຣ): | | Γ | |
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| Property 2 | | _ | _ | | | | | | | | | | _ | | _ | | | | | | | ı — | | | | _ | _ | _ | _ | _ | _ | $\overline{}$ |
| Address Line 1: | | | | | | | | | | | | | | | | | | | | | | | | | | <u></u> | | L | L | | \perp | Ш |
| Address Line 2: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | L | |
| Town: | | | | | | | | | | | | | | | | | | | | | | | | | | <u></u> | | | | | | |
| County/Region: | | | | | | | | | | | | | | | | | | | | | | Ρ | ost | cod | e: | | | | | | | |
| Country: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Purchase | | | /[| | | / | | | | |] | | | | | ı | our | cha | se p | oric | e | £ | | | | | | | | | | |
| Mortanach? | Day | | | Mon | nth | N | lo [| Ye □ | ar | | | | _ | lir | ent | m | arke | at v | alua | atio | n | £ | | | \neg | \Box | Г | Т | $\overline{}$ | | Т | \Box |
| Mortgaged? What type of mortgage? | Rej | יפח | | | | | nter | | On | ا ۱٫۰ | _ | _ | Flexi | | | | Oth | | | | | | | L tac | | | L ma | | ns): | | <u>_</u> | 屵 |
| | | | | | _ | | | | | | | | | | | | | <u></u> | | 10 | 1111 | OI I | nor | ıya | <u>у</u> е — | — (11) | | ,11Cf | — | <u>L</u> | <u></u> | |
| If you own more than 2 properties, please provide details on the continuation pages. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Total of property mark | et va | lua | tio | ns, | inc | cluc | ding | j th | ose | 10 | 1 C | onti | inua | atio | n p | age | es (i | if aı | ıy) | | | £ | | | | | | | | <u></u> | | Ш |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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33. Savings and Other Assets

| a. How much do you (and your partner) have in savings accounts, premium bonds and invested in shares, funds, etc.? | |
|--|----------------|
| Description of savings/investments: | |
| b. Do you save: Regularly? Occasionally | ? Hardly ever? |
| c. What is the valuation of your (and your partner's) vehicles? | |
| Description of vehicles: | |
| d. What is the valuation of your (and your partner's) other assets, e.g. jewellery, antiques, timeshares? | |
| Description of other assets: | |
| e. Have you ever received a lump sum worth more than £5,000? (e.g. redundancy, pension commutation, inheritance, gift, winnings) | Yes No |
| Details: | |
| TOTAL OF ALL ASSETS (add Total from Section 32 and amounts given in this section) £ | |
| 34. Mortgages | |
| a. How many mortgages and secured loans are linked to your properties? | |
| b. Mortgage / loan lenders of property 1: | <u> </u> |
| 1st. 2nd. | |
| Date of 1st mortgage / loan: Initial amount: Balance out | standing: |
| £ | £ |
| Month Year Date of 2nd mortgage / Ioan: Initial amount: Balance out | standing: |
| Month Year | £ |
| c. Mortgage / loan lenders of property 2: | |
| 1st. 2nd. | |
| Date of 1st mortgage / loan: Initial amount: Balance out | standing: |
| f 1 1 1 1 1 1 1 1 1 | £ |
| Month Year Initial amount: Balance out | standing: |
| Month Year | £ |
| d. Do you have any other mortgages or secured loans in addition to those declared above? If 'yes', please give details on the continuation pages. | Yes No No |
| e. Total of mortgage / loan balances outstanding (including any listed on the continuation $\mathfrak L$ pages): | |
| f. Have you ever taken a further mortgage advance(s) for any purpose? | Yes No |
| g. Have you ever adjusted the payment terms of your mortgages, e.g. payment holiday? | Yes No |
| h. Have you ever remortgaged to consolidate your personal debts? | Yes No |
| If you answer 'yes' to Question 34f, g or h, please give details on the continuation pages. | |

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35. Loans

| 55. LOans | |
|--|--------------|
| a. How many loan agreements (including student loans but not secured loans listed at Q34) areb. Please give details below. Use the continuation pages if necessary. | outstanding? |
| Lender 1: Purpose: | |
| Amount: £ Date taken out: / Expiry | Date: / |
| Repayment: £ Balance outstanding now: £ Balance | Month Year |
| Lender 2: Purpose: | |
| Amount £ Date taken out: / Expiry | Date: / |
| Repayment: £ Balance outstanding now: £ | Month Year |
| c. Total of loan balances outstanding (including any listed on the continuation pages) | £ . |
| 36. Credit Cards | |
| a. How many credit, store and charge card accounts do you (and your partner) have? | |
| b. Please give details below. | |
| Issuer: Type: Type: | |
| Credit limit: £ Avg monthly payment: £ Balance outst | anding: £ |
| Issuer: Type: Type: | |
| Credit limit: £ Avg monthly payment: £ Balance outst | anding: £ |
| Issuer: Type: | |
| Credit limit: £ Avg monthly payment: £ Balance outst | anding:£ |
| Issuer: Type: | |
| Credit limit: £ Avg monthly payment: £ Balance outst | anding: £ |
| c. Total of balances outstanding (including any listed on the continuation page) | £ |
| d. Do you transfer balances between credit cards, e.g. 0% interest deals? | Yes No |
| 37. Current Accounts - Overdrafts | |
| a. How many current accounts were <u>overdrawn</u> in the previous month? | |
| b. Please give details below. Use the continuation pages if necessary. | |
| Bank: Branch: | |
| Overdraft limit: £ Max. O/D last month: £ | |
| Bank: Branch: | |
| Overdraft limit: £ Max. O/D last month: £ | |
| c. Total of overdrafts (including any listed on the continuation page) | £ |
| d. In the last 5 years, how many times have you exceeded your overdraft limit(s)? | |
| TOTAL OF ALL LIABILITIES (add 34e, 35c, 36c, 37c) | £ |
| | |









| 31540 | | |
|---|---|--------------|
| 38. General Circumstances | | |
| a. Are you living with someone? | | Yes No |
| b. If you are living with someone, do they share a financial recontribution to your financial situation? If you answered 'yes of this person's contribution on your financial situation. Please i relevant sections of this form. | s', it will be necessary to explore the impac | Yes No t |
| c. For whom do you have a financial responsibility, other than | n yourself (e.g. partner, children, parent |)? |
| Details: | | |
| d. What major financial changes to your budget do you antici to work, endowment policy maturing or reduction in hours. Details: | | |
| e. Have you been the victim of "identity theft" or credit card fr | raud? If 'yes', please give details. | Yes No N |
| Details: | | |
| 39. Household Monthly Income | | |
| To enable us to assess the household income - please provide a clear picture of all sources of earned and unearned income. | SELF | OTHER PERSON |
| a. Current <u>annual</u> salary (gross) | £ | |
| b. Usual <u>annual</u> bonus (gross) | £ | |
| c. <u>Annual</u> car allowance (gross) | £ | |
| d. <u>Monthly</u> net salary (including average bonus and any allowances) | £ | |
| e. Monthly income from state benefits (e.g. Child Benefit, Family Credit) | £ | |
| f. Monthly net income from pensions and annuities | £ | |
| g. Monthly net income from savings and investments averaged) | £ | |
| h. Monthly income from rented properties | £ | |
| i. Monthly maintenance received | £ | |
| j. Total individual <u>monthly</u> incomes | £ | |
| k. Total joint <u>monthly</u> income | £ | |
| I. Has all income been declared for tax purposes (e.g. rental in lift a fuller explanation of your income would be helpful to us, | • | Yes No |
| Details: | | |

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| 40. Accommodation Charges | | | | | | | |
|--|---|-----|-----|-----|-----|-----|--|
| a. Do you pay rent for any property? | | Yes | | | | No | |
| b. If 'yes', how much (per month)? | £ | | | | | | |
| c. What other costs are you liable for (e.g. service charge, agent's fees, etc.)? | | | | | | | |
| Details: | | | | | | | |
| | | | | | | | |
| d. Do you share rent and utility costs with other tenants? | | Yes | | | | No | |
| e. Do you receive accommodation free of charge? If 'yes', please give details below. | | Yes | | | | No | |
| Details: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 41. Household Monthly Outgoings | | | | | | | |
| To enable us to assess the household outgoings, please provide an accurate account of all household expenditure. | | ı | MON | THL | Y C | OST | |
| a. Mortgage / Rent / Board / Lodging | £ | | | | | | |
| b. Service charge / ground rent / management fees | £ | | | | | | |
| c. Council Tax | £ | | | | | | |
| d. Housekeeping (i.e. food and household necessities) | £ | | | | | | |
| e. Motoring costs (including tax, insurance, petrol & maintenance) / commuting and travel costs | £ | | | | | | |
| f. Utility bills (gas, electricity, oil, water bills, telephones and mobile phones) | £ | | | | | | |
| g. Loan repayments | £ | | | | | | |
| h. Sky / Cable / TV licence / Internet access | £ | | | | | | |
| i. Maintenance payment for children | £ | | | | | | |
| j. Nursery fees / school fees / parental contribution to student costs | £ | | | | | | |
| k.Pensions / insurance (all - excluding car insurance) | £ | | | | | | |
| I. Holidays (average per month of annual costs) | £ | | | | | | |
| m. Entertainment (including sports and gym club memberships, trips out, etc.) | £ | | | | | | |
| n. Other regular commitments (please detail below) | £ | | | | | | |
| Details: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total of outgoings: | £ | | | | | | |

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42. Financial History / Arrangements

| a. Have you and/or your partner in the last 10 years: | | Number of Times | Most Recent Year |
|--|------------------------|--------------------|---------------------|
| Had a credit or store card application declined? | Yes No No | | Teal |
| Had a personal loan application declined? | Yes No | | |
| Sought a reduction in monthly repayments with a lender? | Yes No | | |
| Ever consolidated debt onto a new financial arrangement? | Yes No | | |
| Had a default or termination notice issued to you by a bank or creditor? | Yes No | | |
| Had a credit or store card withdrawn? | Yes No | | |
| Consulted a debt management company or advisory service, e.g. CAB? | Yes No | | |
| Arranged a debt management plan (formal or informal)? | Yes No | | |
| Been subject to a county court judgement? | Yes No | | |
| Been subject to an attachment of earnings order? | Yes No | | |
| Had repossession proceedings commenced against you? | Yes No | | |
| Been investigated by HMRC or DWP? | Yes No | | |
| | | | |
| b. Have you and/or your partner ever applied for an Individual Voluntary Arrangement (IVA), or (in Scotland only) a Protected Trust Deed, or a Debt relief Order? | Yes No No | | |
| c. Have you and/or your partner ever been declared bankrupt? | Yes No No | | |
| d. Do you have any financial interests that may conflict with your duties as a Civil Servant, member of HM Forces, or as a Government contractor? (e.g. your partner runs a company, which tenders for contracts that you are responsible for placing) | Yes No No | | |
| e. Are there any details or explanations that would help us to understand your financial position better? | Yes No No | | |
| If you answered 'yes' to any question, please provide full de | tails on the continuat | tion pages. | |
| 43. Financial Obligations | | | |
| a. Do you have any form of financial obligation in excess of £1000 that has nelsewhere on this form? If 'yes', please advise details on the continuation page. | | Yes | □ No □ |
| b. Have you ever lent or given anyone (including family members) more than advise details on the continuation pages, including any plans for repayment. | £1000 ? If 'yes', plea | ase Yes | □ No □ |
| c. If you answered 'yes' to Questions 38a and 38b - does the other person ha name in excess of £5000, to your knowledge? If 'yes', please provide details | | ole Yes | □ No □ |
| Details: | | | |
| If you are a self-employed contractor, please go to Section 44. Otherw. | ise, please go to the | = Declaration or | 1 Page 50. |





| 44. SELF-EMPLOYE | D CON I | RACIC |)KS - | ADDI | HON | AL II | NFO | KIVI. | AIIC |)N 5 | HEE | ı | | | | | |
|---|--|------------|----------|---------|---------|---------|--------|--------|--------|--------|----------|-----|--------|--------------|----------|--------------------|--|
| Full Name: | | | | | | | | | | | | | | | | | |
| a. Are you being employe | ed throug | h an age | ncy fo | the c | ontrac | ted w | ork? | | | | | | | Yes | | No | |
| b. Are you self employed | d and subi | mit invoi | ces in y | your p | ersona | al/trad | ling n | ame | ? | | | | | Yes | | No | |
| c. Are your invoices sub | c. Are your invoices submitted by a company, of which you are the primary director or shareholder? | | | | | | | | | | | | | | | | |
| d. If 'Yes', please provide | e the follo | wing info | ormatio | on: | | | | | | | | | | | | | |
| Company Name: | | | | | | | | | | | | | \bot | | | | |
| Company Number: | | | | | | | | Ac | cour | ting | Date: | |]/ | | / _ | | |
| e. Are your annual return | ns to Com | panies H | ouse ι | ıp to d | late? | | | | | | | Day | | Month Yes | П | Year N o | |
| f. Are your annual accou | ınts regist | ered at C | ompai | nies H | ouse ι | ıp to d | date? | | | | | | | Yes | | No | |
| g. Are payments of VAT, | tax and s | ocial sec | urity p | aid up | to da | te, by | their | due | date | ? | | | | Yes | | No | |
| If you have answered Q44e, f or g, please pr an explanation here | | | | | | | | | | | | | | | | | |
| h. Has a late filing penalt | ty been im | posed o | n the c | ompa | ny at a | ny tin | ne? | | | | | | | Yes | | No | |
| i. Have the directors been | n fined fo | r non-fili | ng of d | locum | ents a | t any t | time? | • | | | | | | Yes | | No | |
| j. Has the company been | n subject t | o a coun | ty cou | rt judg | ement | t? | | | | | | | | Yes | | No | |
| If you have answered Q44h, i or j, please pro an explanation here | | | | | | | | | | | | | | | | | |
| k. Have you ever been in creditors winding up? | | th a com | pany t | hat ha | s unde | ertake | n a v | olun | tary | liquid | ation | or | | Yes | | No | |
| I. Have you ever been dis | squalified | from bei | ng a c | ompar | ny dire | ctor? | | | | | | | | Yes | | No | |
| m. Has the company bee | en investiç | gated by | HMRC | or DW | /P? | | | | | | | | | Yes | | No | |
| If you have answered Q44k, I or m, please pi an explanation here | | | | | | | | | | | | | | | | | |
| DETAILS OF INCOME | | | | | | | | | | | | | | | | | |
| n. Please provide details dividends received and | | | | | | | | | | | | | | e amou | ınt of a | ny | |
| Details: | | | | | | | | | | | | | | | | | |
| N.B. Copies of company a | accounts m | nay be red | questec | to sup | oport y | our de | script | tion (| or pro | vide d | clarity. | | | | | | |

Now please complete the declaration on Page 50





Continuation of Answers

IMPORTANT: When providing additional information please write the Question Number against each answer and provide all the information requested in the original question.

| Question Number | |
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Continuation of Answers

IMPORTANT: When providing additional information please write the Question Number against each answer and provide all the information requested in the original question.

| Question Number | |
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Continuation of Answers

IMPORTANT: When providing additional information please write the Question Number against each answer and provide all the information requested in the original question.

| Question Number | |
|--------------------|--|
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Declaration

I declare that I have read and understood the statement of HM Government's policy on vetting on page 3 of this guestionnaire.

I understand that in accordance with this policy the personal information that I have provided on this form about myself, my partner (if applicable) and my family will be submitted for checking against national criminal and security records.

I understand that, a check against credit reference agency records and investigations into my financial circumstances will also be carried out. I understand, too, that the information provided may be subject to ongoing checks where they are necessary and proportionate.

I declare that the information I have given is true and complete to the best of my knowledge and belief, and I understand that any false statement or deliberate omission in the information I have given in this questionnaire may disqualify me from employment (including employment in connection with Crown contracts if applicable) or make me liable to disciplinary action, which may include dismissal.

I undertake to notify any material changes in the information I have given above (e.g. change of partner, address or financial circumstances), including any future criminal convictions, to the Personnel or Security branch concerned.

Important: Data Protection Act 1998. This questionnaire asks you to supply "personal" and "sensitive personal"data as defined by the Data Protection Act 1998. You will be supplying this data to the appropriate vetting authority where it will be processed exclusively for the purpose of security vetting, in accordance with HM Government's vetting policy, save that, in the highly unlikely event that data supplied by you discloses or suggests that:

- i. a criminal offence has occurred or is likely to occur or,
- ii. staff may be at risk of danger e.g. if you have been diagnosed with a serious mental condition as potentially endangering vourself or others

then the vetting authority may pass on that information alone to the appropriate person(s). Subject to this, the vetting authority will protect the information which you provide and will ensure that it is not passed to anyone who is not authorised to see it.

By signing the declaration on this page, you are explicitly consenting for the data you provide in this questionnaire to be processed in the manner described above.

If you have any concerns about any of the questions we ask, or what we will do with the information you provide, which are not answered by the guidance notes please contact the person who issued this form for further information.

Note: Please review the form **BEFORE SIGNING** to ensure that all questions have been fully answered. Please check that you have signed the Criminal Convictions Declaration on page 38 and (<u>if</u> you answered 'yes' to any question from 27b to 27e inclusive) the Health Declaration on page 36.

When completed, this application form must be returned to your Sponsor. Contractors, please note at page 38 that you may detach and place in a sealed envelope the Criminal Convictions & Related Matters page before returning the form to the Sponsor.

| | | | , — , | |
|---------|-------|---------------------|-------|------|
| Signed: | Date: | $\square \square /$ | ′ | |
| | | Day | Month | Year |





(Revised 04/2010)

| Fo | r O | ffic | ial l | Jse | Or | ıly | | | Routine 🗌 |
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| | | | | | | | <i>'</i> | | Immediate |

| | | | minical | | | | | | a an | 3 | 11 | \ 1 | | | | | | | | - 1 |
|---|---|---|---|-------------------------------------|-----------------------------------|--|--|----------------------------------|---------------------------------------|------------------------------------|---|-----------------------------|---------------------------|----------------------|------------------------------|--------------------------|-------------------------|---------------------|------------|------|
| Developed Vett | ing (DV |) Que | estion | naire | • | | | | | 30 | H | ^ | G | C | <i>/</i> E | ?rr | 1r | 1 | <u>er</u> | Jt |
| How to complete | this for | m | | | | | | | | | | | | | | | | | | |
| The information you por strike through any character within the believes enter your ans filling in the relevant believes. | other areas oxes on the swer on the | of the e form a continu | form. If and leav uation sh | compl e one neets | eting spac (page | by har betwes 48 to | nd plea een na o 50). I | ase w ames If you | rite in /word: make | BLA s. If a a mi | CK II | VK usi | ing BL /ill not | OCK fit in | the | TTER space | S . Ke prov | eep (| each d, | 1 |
| Surname (now): | | | | | | | | | | | | | | | | | | | | |
| Ensure you answer A you, write NA in the fithe information needs information is unknown questions or Not Kn | rst two boxed, write NC own to you own replie | xes onl OT KNC u in the es may | ly of the DWN in the approp cause of | releva he firs riate lelay | ant qu st lin boxe to th | uestion le only es or o le proc | . Not I of the n the c essing | Know relev conti g of t | n - If ant qu nuation his qu | you d uestio on sh uestic | o not n. Pl e eets onna | knowease (page ire. | the arprovides 48 t | nswe e an o 50 | r, or exp). Un | you o planat nansv | canno t ion v | ot pr why | | е |
| Please ensure you h | ave comple | eted sec | ction 2 (\$ | Secur | ity C | learan | ce Red | quire | d) on | page | 1 , be | efore | submit | ting t | his r | eque | st. | | | |
| Please specify the fo | ollowing e | mployn | nent de | ails f | or th | e post | which | n DV | cleara | ance | is re | quired | d: | | | | | | | |
| Employment Type: | RN | [| | Arn | ny | | | | RAF | = | | |] | МО | D Ci | ivilian | | | | |
| | Other Civ Servant Other | ^{/il} [| | Civ | ilian | Officer / Staff | | | _ | Nucl oloyee | | |] | | l Nu ntrac | clear | | | | |
| | Contracto | or [| | Oth | er | | | | | | | | | | | | | | | |
| If a contractor, is the | e applican | t: List | t X? | | Nor | n-List X | ? | | | | | | | | | | | | | |
| Job Title: | | | | | | | | | | | | | | | | | | | | |
| Establishment / Location | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Is the post for which | n security (| clearan | nce is re | quire | d: | | | | | | | R | eserve | d [| | ļ | Non | Rese | erve | d [|
| Is this clearance be | ng reques | ted on | initial re | ecruit | men | t? | | | | | | | Υ | es 🗌 | N | lo 🗌 | | | | |
| Tick here if the post | for which | cleara | nce is r | equire | ed is | within | , or cl | osely | asso | ciate | d wi | th, the | e DVA | . [| | | | | | |
| I CERTIFY THAT TH | E FOLLOW | VING C | HECKS | HAVE | BEI | EN CO | MPLE | TED: | | | | | | | | | | | | |
| a. Full Baseline Per | sonnel Sec | curity S | Standard | (BPS | SS), (| compri | ising v | erific | ation | of th | е ар | plicar | nt's: Y | es 🗌 | N | o 🗌 | | | | |
| * Identity * Employment / a * Nationality / imr | | | | | | | | | i | | | | | | | | | | | |
| b. Where the full BP immigration statu | | | | mplet | ed, t | he app | olicant | 's ide | entity | and | | | Υ | es [| No | o 🗌 | Not | Appl | licab | le _ |
| c. Departmental Rec | | | ervice p | ersor | nnel, | Civil S | Servan | ıts ar | d em | ploye | es o | f | Y | es 🗌 | No | o 🗌 | Not | Appl | licab | le _ |
| d Company Record | Check (fo | r Conti | ractors | only) | This | entail | ls a ch | eck 4 | of all : | availa | ble | | V | وم [| الا ٦ | \Box | Not | Anni | licah | le [|

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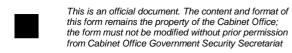
documentation provided as part of the recruitment process)

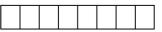
records held for the applicant (If the applicant is a new recruit, this includes any





| I certify that the relevant rec | ords held fo | r the appli | cant hav | /e been | checked | for ite | ms of | security | interest | and tha | at: (tick or | ie box): | |
|---|---------------|-------------|----------|---------|------------|---------|-------|-----------|----------|------------|---------------|-----------|---------|
| No items of security intere | st were foun | nd 🗌 | | | tems of s | | | est were | found [| | | | |
| Details of any items of securi | ity interest: | | | (рісазе | give det | | | | | | | | |
| | | | | | | | | | | | | | |
| Applicant's Surname: | | | | | | | | | | | | | |
| Applicant's Forename(s): | | | | | | | | | | | | | |
| Applicant's Date of Birth: | Day / | Month / | Ye | ear | | | | | | | | | |
| I confirm that the applicant | 's identity h | nas been v | erified. | | | | | | | | | | |
| If the Subject is an existing | | | | - | - | | | - | | | | | |
| How did you confirm the ap forms of identity must be che a company records check is | cked. Howe | ver, if you | have co | nfirmed | l above tl | nat the | Subje | ct has be | | | | | only |
| Form of identification | | | | Numb | er | | | | Da | te of is | sue (Day | /Month/Ye | ar) |
| Full EU Passport | | | | | | | | | | / | / | | |
| Full non-EU Passpo | rt | | | | | | | | | | / | | |
| Driving Licence | | | | | | | | | | / | | | \prod |
| Birth Certificate | | | | | | | | | | _ | / | | Ħ |
| Company Records | | | | | | | | | | <u> </u> | <u> </u> | | |
| Other | | | | | | | | | | / | <u> </u> | | |
| If Other, please give | details bel | ow. | | | | | | | | | | | |
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| Name: | | | | | | | | | | | | | |
| Position within organisation: | | | | | | | | | | | | | |
| Email Address: | | | | | | | | | | | | | |
| Telephone: | | | | | | | | | | E | xt. | | |
| Signed: | | | | | | | | Date: | |]/[| /[| | |
| | | | | | | | | | Day | | /Jonth | Year | |









<u>Notification of clearance.</u> To be completed by all Sponsors. (Including HM Forces, Government Agencies and Firms)

The outcome of this application will be notified to the Sponsor in writing to the address given below. If an electronic notification is required please provide an e-mail address in addition.

| Sponsor's Reference: | | | | | | | | | | | | | | | | | | | | Sp | ons | or's | s ID |): | | | | | | |
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| Name of firm/ organisation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address Line 1: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Town: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| County/Region: | | | | | | | | | | | | | | | | | | | | | P | osto | cod | le: | | | | | | |
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| Sponsor's Address (if | diffe | erer | nt fr | om | Not | ifica | tion | Ad | dre | ss) | | | | | | | | | | | | | | | | | | | | |
| Name of firm/ organisation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address Line 1: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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