



SOUTH AFRICAN POLICE SERVICE

TO BE COMPLETED IN BLOCK LETTERS

ENQUIRY

Full name and surname Identity number <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table> Town and country of birth Address Date of birth Race: <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table> Gender <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table>					OFFICE USE ONLY															
Statement by the person whose fingerprints are taken: * I have not been convicted of any offence. * I have been convicted of (state place, date and sentence) I unconditionally indemnify the South African Police Services and all its members, employees as well as the Government of the Republic of South Africa against any liability which results or may result from furnishing information in this regard. Signature of applicant Cell phone no of applicant * Delete which is not applicable					FIMS Enq. No. / Barcode No. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Received</td> <td style="width: 25%;"></td> <td style="width: 25%;">Verify</td> <td style="width: 25%;"></td> </tr> <tr> <td>FIMS</td> <td></td> <td>Validate</td> <td></td> </tr> <tr> <td>Scan</td> <td></td> <td>SRE</td> <td></td> </tr> </table>				Received		Verify		FIMS		Validate		Scan		SRE	
Received		Verify																		
FIMS		Validate																		
Scan		SRE																		
I certify that the above applicant's signature was placed on this form in my presence and his/her fingerprints taken by me. (Signature of official responsible) Initials and surname Designation Business address (Street address)					These finger- and palm prints MUST be checked for quality by a senior member at the station BEFORE the individual is released. If unsuitable the prints MUST be retaken. Checked by PERSAL no															
LEFT THUMB		Reason for enquiry:			RIGHT THUMB															
Fold																				
Thumb	Forefinger	Middle finger	Ring finger	Little finger																
1	2	3	4	5																
RIGHT HAND				RIGHT HAND																
Fold																				
6	7	8	9	10																
LEFT HAND				LEFT HAND																
Fold																				
Left hand (Plain impressions of four fingers taken simultaneously)			Right hand (Plain impressions of four fingers taken simultaneously)																	