

**CONFIDENTIAL**

Z 204 (81/97244)



Photo

**SECURITY CLEARANCE FORM****WARNING**

**THIS QUESTIONNAIRE IS A SWORN/AFFIRMED STATEMENT—ANY FALSE INFORMATION  
FURNISHED CONSTITUTES PERJURY**

**TO BE COMPLETED BY THE INSTITUTION REQUESTING THE SECURITY CLEARANCE**

NAME OF IMMEDIATE SUPERVISOR/DELEGATED OFFICIAL:

.....

TEL. ( ..... ) .....

LEVEL OF CLEARANCE:

RECORD

☐

CONFIDENTIAL

☐

SECRET

☐

TOP SECRET

☐**CONFIDENTIAL**

## DOCUMENTATION REQUIRED FOR SECURITY CLEARANCE

✚ Please supply the following documents with the Security Clearance form and indicate which have been submitted:

✚ All copies should be certified as a true copy of the original document by a Commissioner of Oath.

- |    |  |            |           |
|----|--|------------|-----------|
| 1. | Copy of Identity Document<br><i>(Applicant and Spouse /Cohabitant)</i>   | <u>Yes</u> | <u>No</u> |
| 2. | Copy of Passport<br><i>(Applicant and Spouse /Cohabitant)</i><br><i>(Copies of all the pages, Blank pages as well)</i> | <u>Yes</u> | <u>No</u> |
| 3. | Copy of Marriage Certificate   | <u>Yes</u> | <u>No</u> |
| 4. | Copy of Divorce Certificate  | <u>Yes</u> | <u>No</u> |
| 5. | Copy of Academic Certificates<br><i>(Matriculation Certificate to be included)</i>                                     | <u>Yes</u> | <u>No</u> |
| 6. | I D Photo (X1)   | <u>Yes</u> | <u>No</u> |
| 7. | Ensure that your Declaration of Private Interest<br>has been submitted on the SARS systems                             | <u>Yes</u> | <u>No</u> |

❖ **NOTE** below documents should only be submitted when requested by the person responsible for your clearance, as these can become outdated.

## FINANCIAL DOCUMENTATION

When requested please supply bank statements of the past three (3) months.  
(All Transactions should reflect on these statements).

Cheque Account	<u>Yes</u>	<u>No</u>	Credit Card Account	<u>Yes</u>	<u>No</u>
Savings Account	<u>Yes</u>	<u>No</u>	Bond	<u>Yes</u>	<u>No</u>
Personal Loans	<u>Yes</u>	<u>No</u>	Car Loan	<u>Yes</u>	<u>No</u>
Study Loans	<u>Yes</u>	<u>No</u>	Other Financial Loans	<u>Yes</u>	<u>No</u>
Other Accounts	<u>Yes</u>	<u>No</u>	Copy of <b>latest</b> Salary Advice	<u>Yes</u>	<u>No</u>
Income and Expenditure form	<u>Yes</u>	<u>No</u>			

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## 1. PERSONAL PARTICULARS

IDENTITY No.																		MALE		FEMALE					
CITIZENSHIP	(i)																(ii)								
MARITAL STATUS	SINGLE				MARRIED				SEPARATED				DIVORCED				WIDOW/ WIDOWER				COHABITING				
DATES																									
				SURNAME										FULL FIRST NAMES											
PRESENT																									
PREVIOUS				(i)																					
				(ii)																					
DATE OF CHANGE				(i)												MAIDEN NAME									
				(ii)												NAME CALLED BY									
DATE OF BIRTH										PLACE OF BIRTH															
DAY				MONTH				YEAR				COUNTRY						PLACE							
WORK TEL. No.														CELLPHONE No.											

## 2. RESIDENTIAL ADDRESSES

KINDLY FURNISH THE FOLLOWING PARTICULARS REGARDING YOUR CURRENT AND PREVIOUS ADDRESSES:									
CURRENT ADDRESS (NOT POSTAL ADDRESS)					PREVIOUS ADDRESS (NOT POSTAL ADDRESS)				
NUMBER AND NAME OF STREET/FLAT OR NAME OF FARM					NUMBER AND NAME OF STREET/FLAT OR NAME OF FARM				
CITY/TOWN					CITY/TOWN				
PROVINCE					PROVINCE				
COUNTRY					COUNTRY				
TEL No.									
DATE OCCUPIED					DATE OCCUPIED				

## 3. EDUCATIONAL QUALIFICATIONS

KINDLY FURNISH THE FOLLOWING PARTICULARS REGARDING ALL SECONDARY AND TERTIARY EDUCATIONAL INSTITUTIONS (E.G. SECONDARY SCHOOLS, TECHNIKONS, COLLEGES AND UNIVERSITIES) THAT YOU HAVE ATTENDED:				
QUALIFICATIONS OBTAINED	NAME OF SCHOOL OR INSTITUTION	CITY/TOWN AND COUNTRY	FROM	TO

**CONFIDENTIAL****4. SPOUSE OR COHABITING PARTNER**

KINDLY PROVIDE THE FOLLOWING PARTICULARS I.R.O. YOUR SPOUSE OR COHABITANT:									
IDENTITY No.									
	SURNAME				FULL FIRST NAMES				
PRESENT									
PREVIOUS									
HOME ADDRESS	.....				TEL. HOME	( )			
	.....				TEL. WORK	( )			

**5. HEALTH**

HAVE YOU EVER UNDERGONE PSYCHIATRIC TREATMENT AND/OR PSYCHOLOGICAL THERAPY?	YES		NO	
IF YOUR ANSWER TO THE ABOVE QUESTION IS 'YES' A PSYCHIATRIC/PSYCHOLOGICAL REPORT MUST BE ATTACHED.				
HAVE YOU EVER BEEN TREATED FOR ALCOHOL ABUSE?	YES		NO	
HAVE YOU EVER BEEN TREATED FOR DRUG ABUSE?	YES		NO	
IF YOUR ANSWER TO ANY OF THE ABOVE IS 'YES', STATE THE FOLLOWING:				
INSTITUTION (IF ADMITTED)	COUNSELLOR	CONTACT NUMBER	NATURE OF PROBLEM	
(i)				
(ii)				
(iii)				

**6. PREVIOUS MARRIAGE(S)**

KINDLY PROVIDE THE FOLLOWING PARTICULARS OF YOUR PREVIOUS SPOUSE(S) AND/OR COHABITANTS:			
DATE OF DIVORCE/ SEPARATION	SURNAME	FIRST NAMES	IDENTITY NUMBER
(1)			
	COUNTRY OF BIRTH	NATIONALITY	FULL RESIDENTIAL ADDRESS
DATE OF DIVORCE/ SEPARATION	SURNAME	FIRST NAMES	IDENTITY NUMBER
(2)			
	COUNTRY OF BIRTH	NATIONALITY	FULL RESIDENTIAL ADDRESS

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**7. RELATIVES:** Include parents, parents in law, siblings and all children (not applicable to deceased persons)

[illegible]

**CONFIDENTIAL****8. IMMIGRANT**

IF IMMIGRATED TO THE RSA, STATE THE FOLLOWING:				
HARBOUR, AIRPORT OR PORT OF ENTRY AND DATE OF ARRIVAL	COUNTRY FROM WHICH EMIGRATED		DATE AND NUMBER OF IMMIGRATION PERMIT	
IF NATURALISED, STATE	DATE:		CERTIFICATE No:	
A COPY OF THE CERTIFICATE OF NATURALISATION IS REQUIRED.				
DO YOU HAVE A PERMANENT RESIDENCE PERMIT FOR THE RSA?			YES	NO
PASSPORT No.		COUNTRY ISSUED	DATE	

**9. VISITS/RESIDENCE OUTSIDE THE RSA**

LIST ALL VISITS TO AND/OR PERIODS OF RESIDENCE IN COUNTRIES OUTSIDE THE BORDERS OF THE RSA BY YOU OR YOUR COHABITANT AND/OR YOUR SPOUSE DURING THE PAST 5 YEARS:			
COUNTRY	PURPOSE OF VISIT/RESIDENCE	DATE	
		FROM	TO

**10. CONTACT OR SUSPECTED CONTACT WITH FOREIGN INTELLIGENCE SERVICES**

HAVE YOU HAD ANY CONTACT WITH FOREIGN INTELLIGENCE SERVICES OR SUSPECTED MEMBERS OF FOREIGN INTELLIGENCE SERVICES?		
DATE	NAME OF SERVICE	NAME OF CONTACT

**11. LEGAL ACTIONS**

HAVE YOU EVER BEEN CONVICTED OR ARE THERE ANY PENDING CASES FOR A CRIMINAL/DEPARTMENTAL OFFENCE(S)? (ADMISSION OF GUILT OUTSIDE A COURT MUST ALSO BE SUBMITTED)			YES	NO
IF YOUR ANSWER TO THE ABOVE QUESTION IS 'YES', STATE THE FOLLOWING:				
PLACE	DATE	NATURE OF CASE/CHARGE	FINDING	
IF YOU HAVE EVER HAD A SUMMONS SERVED ON YOU FOR DEBT, STATE THE FOLLOWING:				
PLACE	DATE	BY WHOM	FINDING	
IF YOU OR YOUR SPOUSE AND/OR YOUR COHABITANT HAVE EVER BEEN DECLARED INSOLVENT, OR YOUR ESTATE PLACED UNDER ADMINISTRATION, OR A COMPANY IN RESPECT OF WHICH YOU ARE OR WERE A DIRECTOR OR OFFICER, OR A CLOSE CORPORATION OF WHICH YOU ARE OR WERE A MEMBER WAS LIQUIDATED, STATE THE FOLLOWING:				
PLACE	DATE	NAME OF COMPANY/CLOSE CORPORATION		

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NAME ALL PLACES OF EMPLOYMENT DURING THE PAST 10 YEARS INCLUDING YOUR PRESENT OCCUPATION:

[illegible]

### 13. REFERENCES

NAME 5 PERSONS (NOT RELATIVES) TO WHOM YOU HAVE BEEN WELL-KNOWN FOR A PERIOD OF 5-20 YEARS:

TITLE	SURNAME	FULL FIRST NAMES	RESIDENTIAL ADDRESS (NOT POSTAL ADDRESS)	HOME TEL. No. (DIALING CODE)	OCCUPATION AND BUSINESS ADDRESS (NOT POSTAL ADDRESS)	BUS. TEL. No. (DIALING CODE)	YEARS KNOWN	IDENTITY No.
1. ....				( )		( )		
2. ....				( )		( )		
3. ....				( )		( )		
4. ....				( )		( )		
5. ....				( )		( )		

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**14. SERVICE IN SECURITY SERVICES (INCLUDING SAPS/FOREIGN SERVICES)**

COUNTRY	SERVICE NUMBER	FROM	TO	NAME OF SERVICE

**15. HAVE YOU EVER BEEN ISSUED WITH A SECURITY CLEARANCE/DENIED?**

LEVEL	DATE ISSUED/DENIED	INSTITUTION

**16. DECLARATION**

(A) DO YOU KNOW AND UNDERSTAND THE CONTENTS OF THE ABOVE DECLARATION?

ANSWER .....

(B) DO YOU HAVE ANY OBJECTIONS TO TAKING THE PRESCRIBED OATH/AFFIRMATION?

ANSWER .....

(C) DO YOU CONSIDER THE PRESCRIBED OATH/AFFIRMATION TO BE BINDING ON YOUR CONSCIENCE?

ANSWER .....

(D) I CERTIFY THAT THE ABOVE QUESTIONS WERE PUT TO ME AND THAT THE ANSWERS, AS REFLECTED ABOVE, WERE WRITTEN DOWN IN MY PRESENCE.

.....  
**SIGNATURE OF DEPONENT**

(E) I CERTIFY THAT THE DEPONENT HAS ACKNOWLEDGED THAT HE/SHE KNOWS AND UNDERSTANDS THE CONTENTS OF THIS DECLARATION WHICH WAS SWORN TO/AFFIRMED BEFORE ME AND THE DEPONENT'S SIGNATURE/THUMB PRINT/MARK WAS PLACED THEREON IN MY PRESENCE.

.....  
**COMMISSIONER OF OATHS/  
JUSTICE OF THE PEACE**

FULL FIRST NAMES AND SURNAME .....  
(Print)

DESIGNATION (RANK) ..... EX OFFICIO REPUBLIC OF SOUTH AFRICA

PHYSICAL ADDRESS .....

DATE ..... PLACE .....



[illegible]

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LEFT THUMB LINKERDUIM	FOR OFFICIAL USE ONLY • SLEGS VIR AMPTELIKE GEBRUIK		RIGHT THUMB REGTERDUIM
	FP No. VA-No.		
	CR No. KR-No.		
	FP CLASS VA-KLAS		
IF YOU HAVE EVER BEEN CONVICTED OF ANY OFFENCE STATE PLACE, DATE AND SENTENCE: INDIEN U OOI T WEENS 'N OORTREDING SKULDIG BEVIND IS, VERMELD PLEK, DATUM EN VONNIS:			SIGNATURE OF APPLICANT HANDTEKENING VAN APPLIKANT
I CERTIFY THAT THE ABOVE APPLICANT'S SIGNATURE WAS PLACED ON THIS FORM IN MY PRESENCE. EK SERTIFISEER DAT BOGENOEEMDE AANSOEKER SE HANDTEKENING IN MY TEENWOORDIGHEID OP HIERDIE VORM AANGEBRING IS.			
SIGNATURE OF OFFICIAL RESPONSIBLE/HANDTEKENING VAN VERANTWOORDELIKE BEAMPT E			
INITIALS AND SURNAME VOORLETTERS EN VAN		DESIGNATION (RANK) AMP (RANG)	
BUSINESS ADDRESS BESIGHEIDSADRES		(STREET ADDRESS) (STRAATADRES)	
DATE DATUM		PLACE PLEK	