

1 TRACKING ID.
99992834100

FINGERPRINT ACQUISITION FORM

Please use this form for uploading the fingerprints of applicant

APPLICANT'S DETAILS

2	APPLICANT	FIRST	NAME
	SAAD		

APPLICANT LAST NAME
RASHED

APPLICANT'S FINGERPRINTS

RIGHT THUMB	RIGHT INDEX	RIGHT MIDDLE	RIGHT RING	RIGHT LITTLE
LEFT THUMB	LEFT INDEX	LEFT MIDDLE	LEFT RING	LEFT LITTLE

INSUTRUCTIONS:

- . This form must be scanned at 600 dpi in greyscale.
- Please write the information in BLOCK letter.
- · Ensure all information is written using black ink.
- Enter data within the boundaries of the designated field or block.
- Complete all required fields. (If a required field is left blank, the fingerprint form may be immediately rejected without further processing.)
- Ensure notations are made for any missing fingerprint impression (i.e. amputation).
- . Ensure that the form is printed on an A4/Letter page size.
- See fingerprint guide for further information to aid in the successful processing of applicant's fingerprint submission.