

FORM C

(r.4 (5) (c))

APPLICATION FOR PROTECTION: CHILD WITNESS WITNESS PROTECTION PROGRAMME

REQUEST FOR WITNESS PROTECTION BY A CHILD WITNESS:

Instructions for completion:

- Please read the instructions carefully on how to complete this document.
- This document consists of two Sections, Section A and Section B.
- Both sections have to be completed:
 - Section A by the child applicant as defined in Section 3 of the Witness Protection Act, 2006, as assisted by his/her parent or guardian, and
 - Section B by the investigating officer / police officer / legal representative or other person assisting the applicant or receiving the application.
- Please note that this application should be completed by a child witness or on behalf of the child as contemplated in Section 5(3)(b)-(d) of the Act – whether such a child will be accompanied into the Witness Protection Program by an adult parent or guardian, or not;
- Please ensure that all the requested details are provided in full as required by every section and delete whatever is not applicable*.
 - a) State name and surname of applicant;
 - b) State age;
 - c) State name and surname of members of the family of the family/household in respect of whom protective custody is required & their relationships;
 - d) State particulars of the person /persons who threatens/threaten the safety of the person/person in respect of whom protection is required (if known).
 - e) State the circumstances as a result of which protection is required (e.g. death threat);
 - f) State date of trial (if known);
 - g) State place of trial (if known);
 - h) State name of person who committed the offence if known
 - i) State all charges
 - j) Full description of type, location and full extend of injury.(if any)
 - k) Full home address;

SECTION A:

1) I, (a).....
Identity Card Number: Passport number:..... or
DOB:a child *male/female, (b) years old, hereby
make an application that-
(i)* I alone or

(ii) *I and (c)

| Name | Surname | Age | ID Card Number/DOB | Relationship to applicant |
|------|---------|-----|--------------------|---------------------------|
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be included in the Witness Protection Programme. I have reason to believe that *my safety/ and *the safety of the above-mentioned *person/persons is being threatened by (d)

.....

in that (e)

.....

2. I –

(i)* have given or shall give evidence on(f) at (g)
 or

* (ii) Shall possibly give evidence on (f) at (g)
 or

* (iii) have material information at my disposal and am willing to testify in a criminal court, in the case against (h)with regard to the offence of (i)

.....

3. The nature of the evidence that I *may/shall give is as follows:

.....

4. I have the following physical injuries: (j)

.....

5. I, hereby declare that the above-mentioned information is, to the best of my knowledge, true, complete and correct and that I am aware of the fact that it is an offence if I willfully furnish information or make a statement which is false or misleading.

.....
(Signature/mark/thumbprint of deponent)

6. I, Identity Number:
Passport number: or DOB:
an adult *male/female, (b), years old, of: (k)

.....
Work address:

Tel nr (h): Tel nr (w):

Cell phone nr: E-Mail address:

hereby declare that I, as the parent / guardian of the above-mentioned person hereby give authorization for the above-mentioned witness to be so protected.

.....
(Signature/mark/thumbprint of parent/guardian)

Place: Date:

SECTION B:

| | |
|---------------------------|--|
| Full names | |
| Surname | |
| Relationship to applicant | |
| Position | |
| Rank/Title | |
| Work address | |
| | |

| | |
|-----------------------|--|
| Work Telephone number | |
| Cell Phone number. | |

1. I hereby certify that, in assisting the applicant with this application to be admitted to the Witness Protection Program, I am aware of the fact that I now have knowledge of information that are classified in accordance to the Witness Protection Act, 2006.
2. I also declare that I have taken notice of the contents and instruction as per Section 30 of the Witness Protection Act, 2006 that states that it is an offence to unlawfully disclose the identity or location of a person who is or has been a witness or participant, in the Witness Protection Program or which compromises the security of such a person and that, if found guilty, is liable to imprisonment for a term not exceeding 7 years.

.....

Signature of Official

Place: Date:

Additional Remarks:

.....
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