



SOUTH AFRICAN POLICE SERVICE

ENQUIRY

TO BE COMPLETED IN BLOCK LETTERS

Full name and surname					OFFICE USE ONLY														
Identity number <table border="1" style="display: inline-table; border-collapse: collapse; width: 300px; height: 20px; vertical-align: middle;"><tr><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr></table>															FIMS Enq. No. /				
Town and country of birth					Barcode No.														
Address					Received		Verify												
Date of birth..... Race: <table border="1" style="display: inline-table; border-collapse: collapse; width: 80px; height: 20px; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;">B</td><td style="width: 20px; height: 20px;">C</td><td style="width: 20px; height: 20px;">I</td><td style="width: 20px; height: 20px;">W</td></tr></table> Gender <table border="1" style="display: inline-table; border-collapse: collapse; width: 20px; height: 20px; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;">M</td></tr><tr><td style="width: 20px; height: 20px;">F</td></tr></table>					B	C	I	W	M	F	FIMS		Validate						
B	C	I	W																
M																			
F																			
Date of birth..... Race: <table border="1" style="display: inline-table; border-collapse: collapse; width: 80px; height: 20px; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;">B</td><td style="width: 20px; height: 20px;">C</td><td style="width: 20px; height: 20px;">I</td><td style="width: 20px; height: 20px;">W</td></tr></table> Gender <table border="1" style="display: inline-table; border-collapse: collapse; width: 20px; height: 20px; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;">M</td></tr><tr><td style="width: 20px; height: 20px;">F</td></tr></table>					B	C	I	W	M	F	Scan		SRE						
B	C	I	W																
M																			
F																			
Have you ever been convicted of any offence? If so, state place, date and sentence:						<i>Signature of applicant</i>													
I certify that the above applicant's signature was placed on this form in my presence and his/her fingerprints taken by me. <p style="text-align: center;">..... <i>Signature of official responsible</i></p>																			
Initials and surname.....					Designation.....														
Business address (Street address)																			
Date Place.....																			
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)														