

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 CLEARANCENAME OF IMMEDIATE SUPERVISOR/DELEGATED OFFICIAL:

.....

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

LEVEL OF CLEARANCE:

RECORD

☐

CONFIDENTIAL

☐

SECRET








☐

TOP SECRET

☐**CONFIDENTIAL**

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INSTRUCTIONS FOR THE COMPLETION OF THE QUESTIONNAIRE

1. This questionnaire is issued for completion in order to fulfil the functions as stipulated in section 2A of the National Strategic Intelligence Act, Act 39 of 1994, as amended. For SAPS members, refer to the South African Police Service Act, Act 68 of 1995.
2. This questionnaire must be completed in PRINT WITH A BLACK PEN or typed and submitted as SOON AS POSSIBLE/WITHIN ONE MONTH.
3. ALL QUESTIONS MUST BE ANSWERED by furnishing the required information or by making a cross in the appropriate block or by using appropriate words such as Yes, No, N/A, etc.
4. Attach additional pages if more space is required.
5. Addresses must be completed in full, for example: Flat number and/or street name, number and town/city or plot number/name of farm and district.
6. Only the page 'Fingerprints for security clearance' may be removed from this form.
7. This form must be sworn to/affirmed.
8. The names of the President, members of the Cabinet, members of Parliament, jurists, physicians as well as managing directors of large institutions must preferably not be given as references, because the clearing institutions conduct interviews with every reference during their investigation, and their busy programmes should not be encroached upon.
9. *Please attach the following items to this questionnaire when completed:*
 -  Certified copy of identity document and passport (applicant, spouse and/or cohabiting partner).
 -  Certified copy of marriage and/or divorce certificate.
 -  Certified copy of academic qualification(s).
 -  Copy of latest salary advice.
 -  Copies of all bank statements: savings, cheque, credit card(s), bond accounts and other financial loans. These should cover the recent four months.
 -  Declaration of directorship(s) in business venture(s).
 -  One passport size recent colour photo of the applicant.

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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)

RELATIONSHIP	PRESENT SURNAME	PREVIOUS SURNAME	FIRST NAMES	IDENTITY NUMBER	COUNTRY OF BIRTH	NATIONALITY	FULL RESIDENTIAL ADDRESS

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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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12. EMPLOYMENT HISTORY

NAME ALL PLACES OF EMPLOYMENT DURING THE PAST 10 YEARS INCLUDING YOUR PRESENT OCCUPATION:						
DESIGNATION (RANK) AND SERVICE NUMBER	NAME OF EMPLOYER	SUPERVISOR		PHYSICAL ADDRESS	FROM	TO
		NAME	TEL. No.			

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

ADDITIONAL INFORMATION

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

ADDITIONAL INFORMATION

This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the page.



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..... Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		OFFICE USE ONLY 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>Valdate</td> <td></td> </tr> <tr> <td>Scan</td> <td></td> <td>SRE</td> <td></td> </tr> </table>		Received		Verify		FIMS		Valdate		Scan		SRE	
Received		Verify													
FIMS		Valdate													
Scan		SRE													
Have you ever been convicted of any offence? If so, state place, date and sentence: Signature of applicant													
I certify that the above applicant's signature was placed on this form in my presence and his/her fingerprints taken by me. <div style="text-align: center;">..... Signature of official responsible</div> Initials and surname..... Designation..... Business address (Street address) Date Place.....															
LEFT THUMB Fold		Reason for enquiry:		RIGHT THUMB											
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) 										