

APPLICATION

(FORM TO BE COMPLETED IN DUPLICATE)

CRIMINAL RECORDS (REHABILITATION OF OFFENDERS) BOARD

1. **SURNAME** (in block capitals) Mr./Mrs./Miss Contact Number(s)

2. Christian Names (in full and in block capitals) TRN:

3. Date and Place of Birth

4. Present Address

5. (a) Occupation

5b. Name and address of Employer (if any)

6. OFFENCE FOR WHICH CONVICTED	SENTENCE	DATE AND PLACE CONVICTED	COURT CONVICTED	CRO NUMBER
(i)				
(ii)				
(iii)				
(iv)				
(v)				
(vi)				
(vii)				
(viii)				
(ix)				
(x)				

7. Previous Address(es) within the last five (5) years

8. Names, Addresses and contact number(s) of **two (2) Persons** to be contacted on behalf of applicant

i.

ii.

9. Names, Addresses and contact number(s) of **two (2) Referees** to provide recommendations **(No Family Members)**

i.

ii.

Signature of Applicant

