

APPLICATION

(FORM TO BE COMPLETED IN DUPLICATE AND IN BLOCK CAPITALS)

CRIMINAL RECORDS (REHABILITATION OF OFFENDERS) BOARD

1. SURNAME (IN BLOCK CAPITALS) MR./MRS./MISS CONTACT NUMBER(S)

2. CHRISTIAN NAME MIDDLE NAME MALE FEMALE

3. DATE AND PLACE OF BIRTH TRN:

4. PRESENT ADDRESS

4b. PREVIOUS ADDRESS(ES) WITHIN THE LAST FIVE (5) YEARS

5. (a) OCCUPATION 5B. NAME AND ADDRESS OF EMPLOYER (IF ANY)

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

7. REASON FOR EXPUNGEMENT?

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

