

# APPLICATION

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

## CRIMINAL RECORDS (REHABILITATION OF OFFENDERS) BOARD

1. **LAST NAME** (IN BLOCK CAPITALS)                      MR./MRS./MISS                      CONTACT NUMBER(S)

2. **FIRST NAME**                      MIDDLE NAME                      MALE       FEMALE

3. **DATE OF BIRTH**                      PLACE OF BIRTH                      TRN:  
(dd/mm/yyyy)

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)				

7a. ARE YOU RE-APPLYING?      YES  No

7b. 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.

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SIGNATURE OF APPLICANT

