
Application Police Clearance Form

Personal Information

Full Name: _____

Date of Birth (DD/MM/YYYY): _____

Address: _____

City: _____ State: _____

Postal Code: _____

Phone Number: _____

Email Address: _____

Identification Details

Type of ID (Passport/Driver's License/Other): _____

ID Number: _____

Issued Date: _____

Expiry Date: _____

Reason for Police Clearance

Purpose of Request: _____

Country of Travel (if applicable): _____

Other Relevant Information: _____

Declaration

I declare that the information provided is true and correct. I understand that providing false information can result in denial of this clearance.

Signature: _____

Date: _____