



ROYAL SOLOMON ISLANDS POLICE FORCE

Police Clearance Application

Surname		Given Names	
Other Names (Maiden name or former names)			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Height (cm)	Occupation
Date of Birth (Day / Month / Year)	Place of Birth (Town / Country)		Nationality (Country)
Home Address (Native Of, Village, Island, Province)			
Residential Address			
Previous Residential Addresses in the last 5 years			
Phone		Mobile Phone	Email Address
Passport Number	Passport Issue Date	Passport Date of Issue	If not citizen of Solomon Islands Date of Arrival in Solomon Islands
Drivers License Number		License Issue Date	License Place of Issue
Scars			
Tattoos			
Marks Of Identity			
Hair Color	<input type="checkbox"/> Bald	<input type="checkbox"/> Black	<input type="checkbox"/> Blond
	<input type="checkbox"/> Brown	<input type="checkbox"/> Grey	<input type="checkbox"/> Red
	<input type="checkbox"/> White		
Eye Color	<input type="checkbox"/> Amber	<input type="checkbox"/> Black	<input type="checkbox"/> Blue
	<input type="checkbox"/> Brown	<input type="checkbox"/> Grey	<input type="checkbox"/> Hazel
	<input type="checkbox"/> Violet		
Build	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large
Complexion	<input type="checkbox"/> Albino	<input type="checkbox"/> Black	<input type="checkbox"/> Brown Light
	<input type="checkbox"/> Brown Dark	<input type="checkbox"/> Fair	<input type="checkbox"/> Light
	<input type="checkbox"/> Olive		
	<input type="checkbox"/> Ruddy	<input type="checkbox"/> Yellow	

Consent to Check and Release Criminal Record and Deed of Indemnity

I the above hereby consent to a check of the criminal or other records kept by the Royal Solomon Islands Police and the release of details of any convictions or other information recorded against my name, including details of any matters found proven but adjourned on good behaviour bond, any matters still outstanding against me and any other matters relating to convictions or not, which may be deemed to be relevant either in Royal Solomon Islands Police or of elsewhere. These details will be released to:

Purpose for application <input type="checkbox"/> Immigration <input type="checkbox"/> Employment <input type="checkbox"/> Other_____	Name of organization , agency or party
Clearance Collection <input type="checkbox"/> In Person Pickup <input type="checkbox"/> Forward certified mail to ->	Address

I (print name) \_\_\_\_\_ in consideration of the Royal Solomon Islands Police Force releasing details of any conviction or other information recorded against my name hereby indemnify the Royal Solomon Islands Police Force, its servants and agents against all liability and against all action, suits, proceedings, claim, demands, costs, and expenses whatsoever which may be taken or made in respect of the release or hereunder of any details of any conviction or other information purporting to or involve me.

Signature of person consenting	Signature of Witness (Signed in the presence of)
Date	Witness Full Name
	Witness Address