

Investigator / Bail Recovery Agent Application

SA Crime Check (Pty) Ltd
 National Council for Fugitive Recovery
 Agents 55 (A)
 Oppenheimer Circle
 Selection Park
 1559
 Customer Service: 011 363 3101
 www.sacrimecheck.co.za

FOR OFFICE USE ONLY

UNIQUE ID		EFFECTIVE DATE		EXPIRATION DATE		FEE	
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INSTRUCTIONS: Forms must be completed in black ink. Incomplete forms will not be processed.

APPLICANT INFORMATION SECTION

APPLICATION AS (Check Investigator Bail Recovery Agent

APPLICANT'S NAME	LAST NAME	FIRST NAME	MIDDLE INITIAL	TITLE

ADDRESS	PHYSICAL ADDRESS "Applicants <i>domicilium citandi</i> address"		POSTAL ADDRESS	
		CODE		CODE

CONTACT DETAIL	TELEPHONE NUMBER		FAX	
	CELLPHONE NUMBER		E-MAIL	

BACKGROUND QUESTIONS

1. Has your driver's license ever been suspended?

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2. Are you a citizen of the Republic of South Africa?

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3. Do you have a work permit to be appointed in the Republic of South Africa Should you not be a citizen? Provide Passport number?

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4. Has any disciplinary action been taken against you by any public authority including a law enforcement agency?

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5. Have you ever been convicted in the Republic of South Africa or elsewhere of a crime or offence that is a misdemeanor or a felony?

IF "YES," you must submit with this application written explanation giving the place, court jurisdiction, nature of the offense, sentence and/or other disposition. You must submit a copy of the accusatory instrument (e.g., indictment, criminal information or complaint) and a Certificate of Disposition. If you possess or have received a Certificate of Relief from Disabilities, Certificate of Good Conduct or Executive Pardon, you must submit a copy with this application.

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6. Are there any criminal charges (misdemeanors or felonies) pending against you in any court in the Republic of South Africa or elsewhere?

IF "YES," you must submit a copy of the accusatory instrument (e.g., indictment, criminal information or complaint).

7. Has any license, permit, commission, registration or application for a license, permit, commission or IF, "YES," you must submit all relevant documents, including the agency determination, if any.

8. Have you ever applied for a Private Investigator, Bail Enforcement Agent or Watch, Guard or Patrol IF "YES," please provide the Registration detail.

RESIDENCE HISTORY (ALL APPLICANTS)

9. Enter below a complete record of your residence (s) during the last 3 years (attach a separate sheet if necessary).

Please type or print clearly.

DATES		ADDRESS		
FROM	TO	STREET ADDRESS		
			CODE	
			CODE	
			CODE	

EXPERIENCE AND OCCUPATION (Qualifying Applicants ONLY)

10. Enter below a complete record of your occupation(s) during the time period during which your qualifying experience is claimed, including the name, address and telephone number of each employer and dates of employment (attach additional sheets if necessary). Also be sure to attach proof of qualifying experience as indicated in thid application's instructions.

NOTE: Failure to provide adequate proof of experience may be grounds for denial of this application

COMPANY ONE	COMPANY NAME		EMPLOYMENT FROM	TO
	COMPANY ADDRESS			
				CODE
	BUSINESS PHONE	MANAGER NAME	HOURS PER WEEK	
POSITION / TITLE	DUTIES			
COMPANY NAME		EMPLOYMENT FROM	TO	

COMPANY TWO	COMPANY ADDRESS				
				CODE	
	BUSINESS PHONE	MANAGER NAME	HOURS PER WEEK		
	POSITION / TITLE	DUTIES			

COMPANY THREE	COMPANY NAME		EMPLOYMENT FROM	TO	
	COMPANY ADDRESS				
				CODE	
	BUSINESS PHONE	MANAGER NAME	HOURS PER WEEK		
	POSITION / TITLE	DUTIES			

EXPERIENCE VERIFICATION (Qualifying Applicants ONLY)

11. Enter below the name, address and daytime telephone number of three people who are able to verify your experience.

NAME	DAYTIME PHONE NUMBER	POSITION
NAME	DAYTIME PHONE NUMBER	POSITION
NAME	DAYTIME PHONE NUMBER	POSITION

APPLICANT AFFIRMATION (All Applicants)

12. I affirm that I have read and understand the provisions of the Criminal Procedure Act 51 of 1977 and the rules and regulations promulgated thereunder. I further affirm that PAYE and UIF is my sole responsibility. I further certify, that the information given above is true to the best of my knowledge and belief. I understand that any material misstatement made may result in the revocation or suspension of th license, if issued.

APPLICANT'S SIGNATURE	DATE SIGNED
PRINT NAME	

CONCENT SECTION - IMPORTANT INFORMATION Regarding Your Photo ID

13. National Council for Fugitive Recovery Agents produces photo ID cards. Please have your photo taken BEFORE you complete this application.

INFORMED CONSENT: I authorise SA Crime Check (PTY) Ltd t/a National Council for Fugitive Recovery Agents to produce an ID card bearing my photo. I understand that this card will be sent to the address provided.

Attach a small digital photo or email one to info@sacimecheck.co.za

HERE →	
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APPLICANT'S SIGNATURE	DATE SIGNED
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PRINT NAME	
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CHARACTER WITNESSES (All Applicants)

14. We require three (3) individuals who reside where you reside or where you plan to conduct business sign the following certification:

We, the undersigned, do subscribe and affirm that we are citizens of the Republic of South Africa and reside where the applicant resides or where the applicant conduct or intends to conduct his/her place of business. Our business and residence addresses are shown following our names.

We further subscribe and affirm that each of us has personally known the applicant at least three (3) years; we have read the foregoing application for licensure as a Investigator / Bail Recovery Agent and believe each of the statements made therein to be true; that the said applicant is a person of good character and is honest and competent to act as a investigator / Bail Recovery Agent; that we recommend his/her application for said licensure be granted; and that we are not related to the applicant by blood or marriage.

We affirm, that the statements made above are true and correct to the best of our knowledge and belief.

WITNESS ONE			CODE	
	NAME	BUSINESS ADDRESS		
			CODE	
	DAYTIME PHONE NUMBER	RESIDENCE ADDRESS		
	SIGNATURE		DATE	
WITNESS TWO			CODE	
	NAME	BUSINESS ADDRESS		
			CODE	
	DAYTIME PHONE NUMBER	RESIDENCE ADDRESS		

WITNESS THREE	SIGNATURE		DATE	
			CODE	
	NAME	BUSINESS ADDRESS		
			CODE	
	DAYTIME PHONE NUMBER	RESIDENCE ADDRESS		
	SIGNATURE		DATE	