



APPLICATION: STAFF SECURITY CLEARANCE

A) EMPLOYEE – Personal Information

Surname: _____

First name: _____

ID number: _____

Residential Address: _____

Signature: _____

B) EMPLOYER – Personal Information

Surname: _____

First Name: _____

Unit number: _____ Telephone _____

Signature: _____ Date: _____

C) PLEASE ATTACH:

Copy of ID document

2 ID photos

Employer reference

R175 payable at the office

D) FOR SAPD CHECKS ONLY

Copy of ID document

2 ID photos

Employer reference

Full original SAPD clearance

R20.00 payable at the office

.....
Name: Administration staff

.....
Signature: Administration staff

.....
Date