

DECLARATION
(Authorization for Certificate of Criminal Record Application)

_____ (name) ,
holder of identification document _____ (type)
numbered: _____ ; sex: _____ ;
father's name: _____ ;
mother's name: _____ ;
place of birth: _____ ; date of birth: ____ (D) / ____ (M) / ____ (Y) ;
address: _____ .

Due to _____
(please state reason of not able to apply in person), delegate
_____ (name of representative),
holder of identification document _____ (type) numbered: _____ ;
address: _____ ,
as my representative to apply for a certificate of criminal record for the purpose of
_____ .

Declarant: _____

(Signature should be identical with that on the identification document)

Date: ____ (D) / ____ (M) / ____ (Y)

- Any amendments, defacements or deletions made on the declaration should be affirmed by the declarant with a signature aside, and the signature should be identical with that on the identification document.
- Appendix : Copy of identification document of declarant.

(For any false of declaration, criminal responsibility must be taken)