

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)