



REPUBLIC OF SOUTH AFRICA

## FORM 8

[Regulation 17(2)]

## APPLICATION FOR CERTIFICATE BY PERSON/ LICENCING AUTHORITY/ RELEVANT AUTHORITY IN RESPECT OF PARTICULARS OF ANOTHER

**Section 44 of the Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2007 (Act No. 32 of 2007)(the Act)**

Date: .....

**NOTE 1:** *In terms of section 44 of the Act an application for a certificate, stating whether or not the particulars of a person mentioned in the application are recorded in the National Register for Sex Offenders may be made by—*

- (a) *an employer in respect of an employee;*
- (b) *a licensing authority in respect of an applicant;*
- (c) *a relevant authority in respect of an applicant;*
- (d) *an employee contemplated in respect of his or her own particulars;*
- (e) *a person contemplated applying for a licence or approval to manage or operate any entity, business concern or trade in relation to the supervision over or care of vulnerable persons in respect of his or her own particulars;*
- (f) *a person contemplated in section 48(2) applying to become a foster parent, kinship care-giver, temporary safe care-giver or adoptive parent in respect of his or her own particulars; or*
- (g) *any person whose particulars appear on the Register in respect of his or her own particulars.*

**NOTE 2:** *A fingerprint report of the person on whose behalf this application is submitted, must be attached to this form (a fingerprint report can be obtained from any police station).*

1. PARTICULARS OF APPLICANT																									
*1.1	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 30%; padding: 2px;">Title:</td><td style="border: 1px solid black;"></td></tr> <tr><td style="padding: 2px;">Full names and surname:</td><td style="border: 1px solid black;"></td></tr> <tr><td style="padding: 2px;">Profession or trade:</td><td style="border: 1px solid black;"></td></tr> <tr><td style="padding: 2px;">Identity number/ passport number:</td><td style="border: 1px solid black;"></td></tr> <tr><td style="padding: 2px;">Contact details (including postal address):</td><td style="border: 1px solid black;"></td></tr> <tr> <td style="padding: 2px;">Telephone number:</td> <td style="border: 1px solid black; width: 30%;"></td> <td style="padding: 2px;">Cell number:</td> <td style="border: 1px solid black;"></td> </tr> <tr><td style="padding: 2px;">Reason for applying for certificate:</td><td colspan="3" style="border: 1px solid black;"></td></tr> </table>	Title:		Full names and surname:		Profession or trade:		Identity number/ passport number:		Contact details (including postal address):		Telephone number:		Cell number:		Reason for applying for certificate:									
Title:																									
Full names and surname:																									
Profession or trade:																									
Identity number/ passport number:																									
Contact details (including postal address):																									
Telephone number:		Cell number:																							
Reason for applying for certificate:																									
*1.2	<p><b>If licensing authority or relevant authority as defined in the Act applies for certificate, please state</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 30%; padding: 2px;">Name of licensing authority/relevant authority:</td><td style="border: 1px solid black;"></td></tr> <tr><td style="padding: 2px;">Business address of licensing authority/relevant authority:</td><td style="border: 1px solid black;"></td></tr> <tr><td colspan="2" style="padding: 2px;">Details of contact person applying on behalf of licensing authority/relevant authority:</td></tr> <tr><td style="padding: 2px;">Title:</td><td style="border: 1px solid black;"></td></tr> <tr><td style="padding: 2px;">Full names and surname:</td><td style="border: 1px solid black;"></td></tr> <tr><td style="padding: 2px;">Profession or trade:</td><td style="border: 1px solid black;"></td></tr> <tr><td style="padding: 2px;">Identity number/ passport number:</td><td style="border: 1px solid black;"></td></tr> <tr><td style="padding: 2px;">Contact details (including postal address):</td><td style="border: 1px solid black;"></td></tr> <tr> <td style="padding: 2px;">Telephone number:</td> <td style="border: 1px solid black; width: 30%;"></td> <td style="padding: 2px;">Cell number:</td> <td style="border: 1px solid black;"></td> </tr> <tr><td style="padding: 2px;">Reason for applying for certificate:</td><td colspan="3" style="border: 1px solid black;"></td></tr> </table>	Name of licensing authority/relevant authority:		Business address of licensing authority/relevant authority:		Details of contact person applying on behalf of licensing authority/relevant authority:		Title:		Full names and surname:		Profession or trade:		Identity number/ passport number:		Contact details (including postal address):		Telephone number:		Cell number:		Reason for applying for certificate:			
Name of licensing authority/relevant authority:																									
Business address of licensing authority/relevant authority:																									
Details of contact person applying on behalf of licensing authority/relevant authority:																									
Title:																									
Full names and surname:																									
Profession or trade:																									
Identity number/ passport number:																									
Contact details (including postal address):																									
Telephone number:		Cell number:																							
Reason for applying for certificate:																									

\*Delete whichever is not applicable

2. PARTICULARS OF PERSON		
Title:		
Full names and surname:		
Indicate any other surnames:		
Indicate any known alias or nickname:		
Profession or trade:		
Date of birth:		
Age:		
Identity number/ passport number:		
Driver's licence number:		
Home address/ Last known physical address:		
Any other contact details (including postal address):		
Telephone number:		Cell number:

.....

**SIGNATURE OF APPLICANT**

(If application is not submitted electronically)