

## **COOK ISLANDS POLICE SERVICE**

SSUING AUTHORITY

Police National Headauarters | P.O. Box 101, Rarotonya, Cook Islands | Ph. +682 22499 | Fax +682 21499 Email: enquiries@bolice.gov.ck

## **APPLICATION FORM**

## TO CONDUCT A POLICE CLEARANCE CHECK

Consent to disclosure of information

(Intended for Cook Islands Residence ONLY) Information required by the Intelligence Unit for obtaining a "Police Report" APPLICANT DETAILS (as appears on the passport or birth certificate) Title: Surname: First Name: Other names: Date of Birth: / / Gender: M / F Contact#: Email: Nationality:\_\_\_\_\_Passport:\_\_\_\_\_Occupation:\_\_\_\_\_Employer:\_\_\_\_ **ADDRESS DETAILS** Current Address: PURPOSE OF THE REPORT: (tick one) ☐ Criminal history check ☐ Letter of Confirmation of Driver Licence ☐ Incident Report for Insurance □ Lost Passport / Lost Property Report Comments (specify) \_\_\_\_\_ **DOCUMENTS REQUIRED:** MUST provide two forms of identification; (Tick box to confirm) must be submitted along with the completed form. PRIMARY ID (One) **SECONDARY ID** (one) ☐ Valid passport or ☐ Birth Certificate and ☐ Driver's license / Marriage / Deed Poll Yes - \$32.50 No - \$22.50 Urgency of Report: Method of Payment: (Circle) (Cash / Cheque / Eftpos) **DECLARATION:** By paying a fee, I declare, that I am aware that my full criminal or any history on record will be researched and released for the preparation of a police report to be used for the purpose(s) stated above. I understand that if I fail to provide all the appropriate information clearly, this may result in the non-provision of a police report with a non-refundable fee. I am also aware by reading this statement that if I provide any incorrect or false information, I will be liable to criminal proceedings against me in accordance with the Criminal Act of the Cook Islands. Sign: Date of Application: Police Clearance Report - Local NZD\$22.50 (4 – 10 working days) NOT including weekends. Urgent Reports (1 - 3 working days) an extra \$10 charge Office Use Only Received by: Date: \_\_\_\_ Receipt#: ICM#: Amount Paid: \$22.50 / \$32.50 PROS / INTEL OFFICE USE ONLY Results: Criminal History: Y / N POI: Y / N

Sign:\_\_\_\_\_Date: \_\_\_\_\_

SSgt: Sign: Date:

INTEL

SSgt:\_\_\_\_