



MINISTRY OF POLICE

Samoa Police Headquarters
PO Box 53
Apia, SAMOA
Tel: (685) 22 222. Fax: (685) 20 848

Please address all
correspondence to
the Commissioner
of Police.

Application Form for Police Clearance Report Ref #: _____

Every applicant must complete the Police Clearance Application Form truthfully. Giving false information is considered unlawful and you will be prosecuted. **Note:** A fee of \$30.00 will be charged per report.

1. _____
First Name / Igoa muamua
2. _____
Middle Name/Igoa Iona lua
3. _____
Last Name / Faaiu
4. _____
Alias / Isi igoa e iloa ai
5. _____
Gender / Ituaiga Tagata
6. _____
Address / Nuu o lo o nofo ai
7. _____
Date of Birth / Aso Fanau
8. _____
Place of Birth / Nofoga na fanau ai
9. _____
Passport Number / Numera Tusifolau
10. _____
Birth Cert. Number / Numera Pepa fanau
11. _____
Occupation / Galuega
12. Do you have any previous conviction? Yes/No
Sa iai sau soligatulafono muamua? Ioe / Leai
13. _____
Signature of Applicant/Parents / Saini
14. _____
Contact Numbers / Telefoni

15. Reason of Application: _____

(Mafuaaga o le ripoti)

OFFICIAL USE ONLY

Findings: _____

Search by: _____

Receipt No: _____

Prepared by: _____

Date: _____

Final Records Office Approval by OIC/2IC

OIC/2IC. _____