

CONFIDENTIAL

SECURITY CLEARANCE FORM

WARNING

THIS QUESTIONNAIRE IS A SWORN/AFFIRMED STATEMENT – ANY FALSE INFORMATION FURNISHED CONSTITUTES PERJURY

FOR DEPARTMENTAL USE ONLY

NAME OF SUPERVISOR/PERSON WHO CAN BE APPROACHED TO DETERMINE MERIT OF CLEARANCE:

.....

TEL. (.....)

REF NO.

DEGREE OF CLEARANCE:

CONFIDENTIAL	<input type="checkbox"/>
SECRET	<input type="checkbox"/>
TOP SECRET	<input type="checkbox"/>

CONFIDENTIAL

PERSONAL PROFILE:

Kindly provide us with your biography covering the following aspects:

1. **Early childhood and family background**

Where and when were you born, who are your parents, how many are you and what are the others doing, childhood experience (good and traumatic), feelings towards how you grew up.

2. **Education**

Schooling history

When, where, highest standard, behaviour at School, co-operation with students/teachers, activities

Tertiary

Where, how long, qualification

3. **Marital status,**

Married, Divorced, separated, widowed, single, engaged
Cohabited, particulars of spouse/cohabitant

4. **Social Life**

All kinds of social activities involved in, friendship, political, sport, use of alcohol, misuse of alcohol, use of drugs (experimentation) etc. Social problem (how you cope with those

5. **Experiences in life**

Kind of experiences that you had in life (good and bad), how these have impacted on your life, Counseling, (what kind), therapy (when, how long where)

6. **Employment/unemployment history**

Where, period, performance, disciplinary actions pressures, responsibilities, merit, attitude towards security at home and work, breaches of security,

7. **Financial positions**

Standard of living, Legal actions, summons for bad debts, judgments, and insolvency. How you deal with these

8. **Values**

Beliefs, traditional, religious

9. **Foreign citizenship**

Dual, visits continental / intercontinental, contact with foreigner, foreign government officials etc.



**NATIONAL INTELLIGENCE AGENCY
REPUBLIC OF SOUTH AFRICA**

**PERMISSION FOR FINGERPRINTS TO BE TAKEN
(PERSONNEL/SECURITY CLEARANCE PURPOSES)**

I,

The undersigned, with identity number

And residing at

Hereby give permission for my fingerprints to be taken by an authorized employee of the National Intelligence Agency or the South African Police Service.

Furthermore I grant permission for my fingerprints to be sent to the criminal record centre of the South African Police Service to obtain information concerning my criminal background, history, previous convictions and/or any other relevant information that may be provided by the criminal record centre on form SAP69, for personnel purposes exclusively.

SIGNED AT

ON

200

.....
SIGNATURE

WITNESSES

- 1.
- 2.





**NATIONAL INTELLIGENCE AGENCY
REPUBLIC OF SOUTH AFRICA**

NIA/6/1/14/1/2

COMPONENT.....

INVESTIGATION:.....

FILE NO:.....

STATEMENT

I,

Employee No:

of Department/ Directorate/ Component/ Section:

hereby declare that I am willing to be subjected to a Polygraph Examination. I can be contacted at:

OR

I,

Employee No:

of Department/ Directorate/

Component/ Section:

hereby declare that I am not

prepared to be subjected to a Polygraph Examination. The reason for this is as follows:

.....
Signature

.....
Witness

.....
Date:

.....
Date:

APPROVAL

Approval is hereby granted for Ploygraph Examination to be conducted in respect of:

COMPONENT

.....
Date:



DOCUMENTATION REQUIRED FOR SECURITY CLEARANCE

NAME:

FAX NO.

PLEASE SUPPLY STATEMENTS OF THE PAST THREE MONTHS

1. **BANK STATEMENTS:**

	✓	x		✓	
x					
Cheque Account	<input type="checkbox"/>	<input type="checkbox"/>	Credit Card Account	<input type="checkbox"/>	<input type="checkbox"/>
Savings Account	<input type="checkbox"/>	<input type="checkbox"/>	Bond	<input type="checkbox"/>	<input type="checkbox"/>
Personal Loan	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Finance	<input type="checkbox"/>	<input type="checkbox"/>
Clothing/Furniture Accounts	<input type="checkbox"/>	<input type="checkbox"/>			

PLEASE SUPPLY THE FOLLOWING DOCUMENTS:

2. COPY OF SALARY ADVICE	<input type="checkbox"/>	<input type="checkbox"/>
3. COPY OF IDENTITY DOCUMENT	<input type="checkbox"/>	<input type="checkbox"/>
4. COPY OF IDENTITY DOCUMENT (SPOUSE)	<input type="checkbox"/>	<input type="checkbox"/>
5. COPY OF A DRIVERS LICENCE	<input type="checkbox"/>	<input type="checkbox"/>
6. COPY OF A FIREARM LICENCE	<input type="checkbox"/>	<input type="checkbox"/>
7. COPY OF MARRIAGE CERTIFICATE	<input type="checkbox"/>	<input type="checkbox"/>
8. COPY OF DIVORCE CERTIFICATE	<input type="checkbox"/>	<input type="checkbox"/>
9. COPY OF BIRTH CERTIFICATES OF CHILDREN	<input type="checkbox"/>	<input type="checkbox"/>
10. COPY OF ACADEMIC QUALIFICATIONS	<input type="checkbox"/>	<input type="checkbox"/>
A COPY OF MATRIC CERTIFICATE	<input type="checkbox"/>	<input type="checkbox"/>

A POLICE OFFICER OR COMMISSIONER OF OATH SHOULD CERTIFY ALL COPIES OF ABOVE-MENTIONED DOCUMENTS AS A TRUE COPY OF ORIGINAL DOCUMENT.

11. C V	<input type="checkbox"/>	<input type="checkbox"/>
---------	--------------------------	--------------------------

CONTACT NUMBERS: 043- 7077200

The documents should be put in a sealed envelope and the checklist to be attached to the envelope.

1. PERSONAL PARTICULARS

IDENTITY NO.											MALE	FEMALE
CITIZENSHIP	(i)					(ii)						
MARITAL STATUS	SINGLE	MARRIED	SEPERATED	DIVORCED	WIDOWER	WIDOW						
DATES												
RANK					TEL NO (W/H)							
					CELL NO.							
	SURNAME				FIRST NAMES							
PRESENT												
PREVIOUS	(i)											
	(ii)											
	(i)				MAIDEN NAME							
	(ii)				NAME CALLED BY							
DATE OF BIRTH				PLACE OF BIRTH								
DAY	MONTH	YEAR		COUNTRY			PLACE					

2. HEALTH

HAVE YOU EVER UNDERGONE PSYCHIATRIC TREATMENT AND/OR PSYCHOLOGICAL THERAPY?	YES		NO	
IF YOUR ANSWER TO THE ABOVE QUESTION IS 'YES' A PSYCHIATRIC/PSYCHOLOGICAL REPORT MUST BE ATTACHED.				
HAVE YOU EVER BEEN TREATED FOR ALCOHOL ABUSE?	YES		NO	
HAVE YOU BEEN TREATED FOR DRUG ABUSE?	YES		NO	
IF YOUR ANSWER TO ANY OF THE ABOVE IS 'YES', PLEASE STATE THE FOLLOWING:				
INSTITUTION	SITUATED	PSYCHOLOGIST/PSYCHIATRIST	NATURE OF PROBLEM	
(i)				
(ii)				
(iii)				

3. IMMIGRANTS

IF IMMIGRATED TO THE RSA, PLEASE STATE THE FOLLOWING:								
HARBOUR, AIRPORT OR POINT OF ENTRY AND DATE OF ARRIVAL		COUNTRY FROM WHICH EMIGRATED		DATE AND NUMBER OF IMMIGRATION PERMIT				
IF NATURALISE, STATE	DATE:		CERTIFICATE NO:					
A COPY OF THE CERTIFICATE OF NATURALISATION IS REQUIRED								
DO YOU HAVE A PERMANENT RESIDENCE PERMIT FOR RSA?				<table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td></td> </tr> </table>	YES		NO	
YES		NO						
PASSPORT NO.		COUNTRY ISSUED		DATE				

4. LEGAL ACTIONS

HAVE YOU EVER BEEN CONVICTED FOR A CRIMINAL/DEPARTMENTAL OFFENCE? (ADMISSION OF GUILT OUTSIDE A COURT MUST ALSO BE SUBMITTED)				
			YES	NO
IF YOUR ANSWER TO THE ABOVE QUESTION IS 'YES' PLEASE STATE THE FOLLOWING:				
PLACE	DATE	NATURE OF CASE/CHARGE	FINDING	
IF YOU HAVE EVER HAD SUMMONS SERVED ON YOU FOR DEBT, PLEASE STATE THE FOLLOWING:				
PLACE	DATE	BY WHOM	FINDING	
IF YOU OR YOUR SPOUSE AND/OR YOUR COHABITANT HAVE EVER BEEN DECLARED INSOLVENT, OR YOUR ESTATE PLACED UNDER ADMINISTRATION, OR A COMPANY IN RESPECT OF WHICH YOU ARE OR WERE A DIRECTOR OF OFFICER, OR A CLOSED CORPORATION OF WHICH YOU ARE OR WERE A MEMBER WAS LIQUIDATED, PLEASE STATE THE FOLLOWING:				
PLACE	DATE	NAME OF COMPANY/CLOSED CORPORATION		

5. SPOUSE OR COHABITANT

KINDLY PROVIDE THE FOLLOWING PARTICULARS IRO YOUR SPOUSE OR COHABITANT:												
IDENTITY NO.												
	SURNAME					FIRST NAMES						
PRESENT												
PREVIOUS												
HOME ADDRESS						TEL. HOME	()					
						CELL NO.						
						TEL. WORK	()					

6. RESIDENTIAL ADDRESSES

KINDLY FURNISH THE FOLLOWING PARTICULARS REGARDING YOUR CURRENT AND PREVIOUS ADDRESSES:			
CURRENT ADDRESS (NOT POSTAL ADDRESS) GIVE FULL DATES		PREVIOUS ADDRESS (NOT POSTAL ADDRESS) GIVE FULL DATES	
NUMBER AND NAME OF STREET/FLAT OR NAME OF FARM		NUMBER AND NAME OF STREET/FLAT OR NAME OF FARM	
CITY/TOWN		CITY/TOWN	
PROVINCE		PROVINCE	
COUNTRY		COUNTRY	
TEL NO.			
DATE OCCUPIED		DATE OCCUPIED	

7. VISITS/RESIDENCE OUTSIDE THE RSA

LIST ALL VISITS TO AND/OR PERIODS OF RESIDENCE IN COUNTRIES OUTSIDE THE BORDERS OF THE RSA BY YOU OR YOUR COHABITANT AND/OR YOUR SPOUSE DURING THE PAST 10 YEARS: (GIVE FULL DATES)			
COUNTRY	PURPOSE OF VISIT	DATE	
		FROM	TO

CONFIDENTIAL

8. EMPLOYMENT

NAME ALL PLACES OF EMPLOYMENT DURING THE PAST 10 YEARS INCLUDING YOUR PRESENT EMPLOYER. PERIODS AND REASONS FOR UNEMPLOYMENT MUST ALSO BE MENTIONED:						
NAME OF POST	NAME OF EMPLOYER	SUPERVISOR		ADDRESS (PHYSICAL ADDRESS)	FROM GIVE FULL DATES	TO GIVE FULL DATES
		NAME	TEL NO.			

9. PREVIOUS MARRIAGE(S)

KINDLY PROVIDE THE FOLLOWING PARTICULARS OF YOUR PREVIOUS SPOUSE AND/OR COHABITANTS:						
DATE OF DIVORCE	SURNAME	FIRST NAMES	IDENTITY NUMBER	COUNTRY OF BIRTH	NATIONALITY	FULL RESIDENTIAL ADDRESS
(1)						
(2)						
(3)						

CONFIDENTIAL

10. RELATIVES (N/A TO DECEASED PERSONS)

	PRESENT SURNAME	PREVIOUS NAME	FIRST NAMES	IDENTITY NUMBER	COUNTRY OF BIRTH	NATIONALITY	FULL RESIDENTIAL ADDRESS
FATHER							
MOTHER							
FATHER-IN-LAW							
MOTHER-IN-LAW							

KINDLY FURNISH THE FOLLOWING PARTICULARS IRO YOUR IMMEDIATE RELATIVES (ie children, brothers and sisters, including step family):

RELATIONSHIP	PRESENT SURNAME	PREVIOUS NAME	FIRST NAME	IDENTITY NUMBER	COUNTRY OF BIRTH	NATIONALITY	FULL RESIDENTIAL ADDRESS
1.							
2.							
3.							
4.							
5.							

11. REFERENCES

NAME 5 PERSONS (NOT RELATIVES) WHO WILL BE ABLE TO GIVE INFORMATION ON YOUR BACKGROUND, UPBRINGING AND EMPLOYMENT HISTORY AND BEHAVIOUR:								
TITLE	SURNAME	FULL FIRST NAMES	RESIDENTIAL ADDRESS (NOT POSTAL ADDRESS)	HOME TEL. NO. (DIALING CODE)	OCCUPATION AND BUSINESS ADDRESS	BUS TEL. NO. (DIALING CODE)	YEARS KNOWN	ID NO.
1.								
2.								
3.								
4.								
5.								

CONFIDENTIAL

12. HAVE YOU DONE ANY MILITARY SERVICE

COUNTRY	FORCE NUMBER	FROM	TO	NAME OF FORCE (e.g. SADF, APLA, MK)

13. EDUCATION

KINDLY URNISH THE FOLLOWING PARTICULARS REGARDING ALL SECONDARY AND TERTIARY EDUCATIONAL INSTITUTIONS (E.G. SECONDARY SCHOOLS, TECHNIKONS, COLLEGES AND UNIVERSITIES) THAT YOU HAVE ATTENDED:				
QUALIFICATION OBTAINED	NAME OF SCHOOL OR INSTITUTION	CITY/TOWN AND COUNTRY	FROM	TO

14. DECLARATION

(A) DO YOU KNOW AND UNDERSTAND THE CONTENTS OF THE ABOVE DECLARATION?
ANSWER :

(B) DO YOU HAVE ANY OBJECTIONS TO TAKING THE PRESCRIBED OATH?
ANSWER :

(C) DO YOU CONSIDER THE PRESCRIBED OATH TO BE BINDING ON YOUR CONSCIENCE?
ANSWER :

(D) I CERTIFY THAT THE ABOVE QUESTIONS WERE PUT TO ME AND THAT THE ANSWERS, AS REFLECTED ABOVE, WERE WRITTEN DOWN IN MY PRESENCE.
ANSWER :

.....
SIGNATURE OF DEPONENT

(E) I CERTIFY THAT THE DEPONENT HAS ACKNOWLEDGED THAT HE/SHE KNOWS AND UNDERSTANDS THE CONTENTS OF THIS SDECLARATION WHICH WAS SWORN TO/AFFIRMED BEFORE ME AND THE DEPONENT'S SIGNATURE/THUMB PRINT/MARK WAS PLACED THEREON IN MY PRESENCE.

.....
COMMISSIONER OF OATHS

FULL FIRST NAMES AND SURNAME
(PRINT)

DESIGNATION (RANK) EX OFFICIO REPUBLIC OF SOUTH AFRICA

BUSINESS ADDRESS
(STREET ADDRESS)

DATE PLACE

