



REF#:

TYPE:

### AFISWITCH ENQUIRY

TO BE COMPLETED IN BLOCK LETTERS

First names: Surname: Identity number <input style="width: 100px; height: 15px;" type="text"/>					OFFICE USE ONLY																
Town and country of birth ..... Address ..... Date of birth..... Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>					FIMS Enq. No. .... / ..... Barcode No. .... <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Received</td> <td style="width: 25%;"></td> <td style="width: 25%;">Verify</td> <td style="width: 25%;"></td> </tr> <tr> <td>FIMS</td> <td></td> <td>Validate</td> <td></td> </tr> <tr> <td>Scan</td> <td></td> <td>SRE</td> <td></td> </tr> </table>					Received		Verify		FIMS		Validate		Scan		SRE	
Received		Verify																			
FIMS		Validate																			
Scan		SRE																			
Have you ever been convicted of any offence? If so, state place, date and sentence: ..... .....					_____ <b>Signature of applicant</b>																
I certify that the above applicant's signature was placed on this form in my presence and his/her fingerprints taken by me. _____ <b>Signature of official responsible</b>																					
Initials and surname..... Designation..... Business address ..... (Street address) Date ..... Place.....																					
LEFT THUMB		Reason for enquiry: ..... ..... .....						RIGHT THUMB													
Fold								Fold													
Thumb		Forefinger		Middle finger		Ring finger		Little finger													
1	2	3	4			5															
RIGHT HAND							RIGHT HAND														
Fold								Fold													
6	7	8	9			10															
LEFT HAND							LEFT HAND														
Fold								Fold													
<b>Left hand</b> (Plain impressions of four fingers taken simultaneously)					<b>Right hand</b> (Plain impressions of four fingers taken simultaneously)																