

NAME:.....

ADDRESS:.....

TRIBE:.....

PLACE OF BIRTH:.....

YEAR OF BIRTH:.....

The information and finger-prints entered and this record are voluntarily submitted by the undersigned as a statement of fact and qualifications for the position/Hcence/permit applied for and/or hired for. The undersigned expressly authorises the Employer/Licensing Officer/Permit Officer hi submit the said information and finger-prints to any person, firm, corporation, body bureau department, Police Officials and police Record Bureau, whatever or whomever, for the purpose of any investigation whatsoever which the Employer/Licensing Officer/Permit Officer may desire, to make with reference thereto. Any the undersigned does remise, release and forever discharge the Employer/Licensing Office/Permit Officer, its successors and assigns of and from' all manner of actions suits, either in law or in equity, which against the Employer/Licensing Officer/Permit Officer the undersigned ever had, now has or which the undersigned, his heirs, executor and Administrators hereafter can, shall or may have for upon or by reason of any matters causes of things whatsoever in connection with the foregoing.

PLACE FULL-FACE  
PHOTO HERE

REASON FOR INQUIRY:.....

APPLICANTS SIGNATURE:.....

REGISTRAR OF CRIMINALS  
NIGERIA

REPORT OF TERMINATION OF SERVICE

Date of Engagement	Class or Grade on Engagement	Date of Discharge			Class or Grade on Discharge	Reasons for Discharge



**APPLICANT****FEMALE**

NAME .....

RACE .....

This Form must be completed in every detail before the Official concerned begins to take the fingerprints of any other person. On no account must two incomplete Forms be dealt with at the same time.

**FOR USE IN THE FINGER PRINT SECTION**


M. No. .... C.R.O. No. ....

CLASSIFIED ..... DATE .....

SEARCHED ..... DATE .....

TESTED ..... DATE .....

**RIGHT HAND**

1.—Right Thumb	2.—R. Fore-Finger	3.—R. Middle Finger	4.—R. Ring Finger	5.—R. Little Finger
(Fold)				(Fold)

Impressions to be so taken that the flexure of the last joint shall be immediately above the black line marked (Fold). If the Impression of any digit be defective a second print may be taken in the vacant space above it.

When a finger is missing or so injured that the impression cannot be obtained, or so deformed and yields a bad print, the fact should be noted under *Remarks*.

**LEFT HAND**

6.—L. Thumb	7.—L. Fore-Finger	8.—L. Middle Finger	9.—L. Ring Finger	10.— L. Little Finger
(Fold)				(Fold)

**LEFT HAND**  
Plain impressions of the four fingers taken  
simultaneously

**RIGHT HAND**  
Plain impressions of the four fingers taken  
simultaneously

	Left Thumb	Right Thumb		

THESE PARTICULARS TO BE ENTERED BY  
THE OFFICER TAKING THE IMPRESSIONS.