



REPUBLIC OF SOUTH AFRICA

## FORM 8

[Regulation 17(2)]

## APPLICATION FOR CERTIFICATE BY PERSON/ LICENCING AUTHORITY/ RELEVANT AUTHORITY IN RESPECT OF PARTICULARS OF ANOTHER

**Section 44 of the Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2007 (Act No. 32 of 2007)(the Act)**

Date: .....

**NOTE 1:** In terms of section 44 of the Act an application for a certificate, stating whether or not the particulars of a person mentioned in the application are recorded in the National Register for Sex Offenders may be made by—

- (a) an employer in respect of an employee;
- (b) a licensing authority in respect of an applicant;
- (c) a relevant authority in respect of an applicant;
- (d) an employee contemplated in respect of his or her own particulars;
- (e) a person contemplated applying for a licence or approval to manage or operate any entity, business concern or trade in relation to the supervision over or care of children or persons who are mentally disabled in respect of his or her own particulars;
- (f) a person contemplated in section 48(2) applying to become a foster parent, kinship care-giver, temporary safe care-giver or adoptive parent in respect of his or her own particulars; or
- (g) any person whose particulars appear on the Register in respect of his or her own particulars.

**NOTE 2:** A set of fingerprints of the person referred to in paragraph 2 hereunder, must be attached to this form (a set of fingerprints can be taken at any police station)

1. PARTICULARS OF APPLICANT			
*1.1	Title:		
	Full names and surname:		
	Profession or trade:		
	Identity number/ passport number:		
	Contact details (including postal address):		
	Telephone number:	Cell number:	
	Reason for applying for certificate:		
*1.2	<b>If licensing authority or relevant authority as defined in the Act applies for certificate, please state</b>		
	Name of licensing authority/relevant authority:	SACE	
	Business address of licensing authority/relevant authority:	Block 1, Crossway Office Park, 240 Lenchen Ave, Centurion, 0046	
	Details of contact person applying on behalf of licensing authority/relevant authority:		
	Title:	Mrs	
	Full names and surname:	Nkel Yvonne Lechaba	
	Profession or trade:	Head of Registration	
	Identity number/ passport number:		
	Contact details (including postal address):	Block 1, Crossway Office Park, 240 Lenchen Ave, Centurion, 0046	
	Telephone number:	012 663 2183	Cell number:0694123872
Reason for applying for certificate:	verification to be registrered with SACE		

\*Delete whichever is not applicable

2. PARTICULARS OF PERSON		
Title:		
Full names and surname:		
Indicate any other surnames:		
Indicate any known alias or nickname:		
Profession or trade:		
Date of birth:		
Age:		
Identity number/ passport number:		
Driver's licence number:		
Home address/ Last known physical address:		
Any other contact details (including postal address):		
Telephone number:		Cell number:

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**SIGNATURE OF APPLICANT**

(If application is not submitted electronically)