



**FINGERPRINT VETTING APPLICATION FORM**

TO THE COMMISSIONER OF POLICE

COMPANY NAME	
COMPANY ADDRESS	
TELEPHONE No	
E-MAIL	
EMPLOYEE'S NAME	
EMPLOYEE'S ADDRESS	
Reason For Application	

**Vetting Form Supplied By Company / Acceptable To Use RGP Form (delete as necessary)**

- I hereby grant permission and give my consent to having my fingerprints taken for the purposes for which this form is completed.

Signature of Applicant		Date	
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**To be completed by Police Department**

Date/Time Allocated .....

Signature of Officer ..... Rank .....

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**To be completed by RGP Finance Department**

GRR No ..... Date .....

Amount Paid ..... Signature .....