



EMBASSY OF FIJI

2233 WISCONSIN AVENUE, N.W. SUITE 240
WASHINGTON, D.C. 20007

TELEPHONE (202) 337-8320 FAX (202) 337-1996

POLICE REPORT

(Section A of this report should be completed by the applicant and forwarded to the Officer-in-charge, Criminal Records Office, Police Department at his normal place of residence.)

SECTION A

Name(in full)

Date of Birth Place of Birth

Social Security No. Alien Registration No.

Nationality Passport Number

Date and Place of issue of passport Exp. Date

Occupation

Address (Business) Telephone (Home) Telephone

I declare that the information above is, to the best of my knowledge, true. I hereby authorise the police to carry out a check on my records and to forward the report to the Visa Officer, Embassy of Fiji, 2233 Wisconsin Avenue, N.W., Suite 240, Washington, D.C. 20007.

Signature of applicant Date

SECTION B

For completion by the Police. Please record any criminal or civil action pending.

This is to certify that we have searched the records for the above-named individual.

Our records indicate the following: Record* No Record

*If record, indicate.

Recordscheck made by Date

Designation Address