

**APPLICATION FOR CERTIFICATE OF GOOD CONDUCT - BIOGRAPHIC
DETAILS**

FULL NAME (DR/MR/MRS/MISS)	
MAIDEN NAME (WHERE APPLICABLE)	
NATIONALITY	
COUNTRY & PLACE OF BIRTH	
DATE OF BIRTH	
EDUCATION	
MARITAL STATUS	
PASSPORT NUMBER	
DATES OF RESIDENCE IN KENYA	
FULL ADDRESS WHEN IN KENYA	
PRESENT ADDRESS & TELEPHONE NUMBER	
PRESENT EMPLOYMENT	
FATHER'S NAME, ADDRESS & OCCUPATION	
CERTIFICATE REQUIRED FOR	
SIGNATURE:	DATE:
<p>NB: A search fee of CHF 30 is required for each certificate. Payment of the fee does not guarantee that a Good Conduct Certificate will be issued.</p>	
FOR OFFICE USE ONLY	
M.R. NUMBER	DATE:

ELIMINATION FINGER AND PALMPRINTS FORM

C. 24

FULL NAME

C.I.D. F.P. No.....
Offence
C.R. No.
Date of Offence.

RIGHT HAND

THUMB	FOREFINGER	MIDDLE FINGER	RING FINGER	LITTLE FINGER

Fold				
LEFT HAND				
THUMB	FOREFINGER	MIDDLE FINGER	RING FINGER	LITTLE FINGER

Fingerprints taken by

Rank Date

Police Station

LEFT PALM

RIGHT PALM