



EMBASSY OF THE REPUBLIC OF THE FIJI ISLANDS

2233 Wisconsin Avenue, NW, 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 No. _____

Date & Place of Issue of Passport _____ Exp. Date _____

Occupation _____

Address (Business) _____ Telephone _____

Address (Home) _____ Telephone _____

I declare that the information above is, to the best of my knowledge, true. I hereby authorize 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 Officer. 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 (Please encircle one): Record* No Record

*If record, please indicate.

Records check made by _____ Date _____

Designation _____

Address _____