



ROYAL PAPUA NEW GUINEA CONSTABULARY

NATIONAL CRIMINAL RECORDS OFFICE
POLICE HEADQUARTERS
P.O. BOX 85, KONE DOBU, NCD
PAPUA NEW GUINEA

PH 3226144 / 3254188 Email: kwumber@rpngc.gov.pg or msailas@rpngc.gov.pg

Passport size photo

POLICE CHARACTER CHECK FORM FOR PAPUA NEW GUINEAN

- ☐ Other (Please, specify)
- ☐ Employment ☐ Passport ☐ Visa ☐ NAC Pass ☐ Port Pass
- ☐ New Account ☐ IPA ☐ Firearms ☐ Study (Within PNG)

FULL NAME (MR, MRS, MISS, MS):

DATE OF BIRTH:/...../..... PLACE OF BIRTH:

VILLAGE OF ORIGIN: DISTRICT:

PROVINCE: PASSPORT NO:

OFFICE /HOUSE NO: MOBILE NO: EMAIL:

POSTAL ADDRESS:

PROCEDURAL NOTES

- Client in NCD and Central can make Service fee payment (K10.00 per heard) at either Finance Haus, Vulupindi Waigani, or Firearms Registry at Boroko Police Station or Central Provincial Government Cash Office at Konedobu and report to NCRO Office at Finger Print Bureau Office, Gordons for finger printing. Also provide passport size photo to be stapled/glued in box as provided on the top of the application. Note, all NCD and Central applications will take five (5) working days to search and processed.
- Clients in outside Provinces can obtain their service fee receipt (K10.00 per head) at their Provincial Treasury Office (BMS, Province of residence) and report to Provincial Police Headquarters for either single index or full finger printing. Once prints are taken, put all documents together and post the same to NCRO Office for search and processing.
- For PNG Nationals working or residing in other Nations can fill the form and report to the nearest Police Stations for full finger printing. These clients must attach a copy of their valid passport with application and send it to NCRO Office for search and processing. Note that Finger Print Office will not accept scan or fax prints, therefore clients are asked to post originals to NCRO Office on the under stated address, please.
- Note that, It will take 14 working days for clients in other countries to receive their clearance certificate after it is processed. For the service fees, they can send US Dollars equivalent to PNGK10.00 through Western Union and advice the OIC NCRO to pick it up. Compile application and sent to - OIC NCRO, Police Headquarters, P.O.Box 85, Konedobu, NCD, Papua New Guinea. Note: Impersonation is an offence and client can be liable for prosecution if found.

Signature: Date:/...../.....

RIGHT INDEX PRINT

F.P.C. 9F

ROYAL PAPUA NEW GUINEA
CONSTABULARY
MALE

Surname.....
(Block Letters)
Christian names }
in full }
Station where }
prints taken }
Date prints taken.....
Signature of Officer
taking prints
Rank..... Regd No.....

RIGHT FINGERS

1. Right Thumb	2. Right Index-Finger	3. Right Middle-Finger	4. Right Ring-Finger	5. Right Little Finger

LEFT FINGERS

DIRECTIONS. -Before taking impression of the
Fingers fold this form exactly in two.

Index Checked By	Classified and Search By	Checked By
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10. Left Little-Finger	9. Left Ring-Finger	8. Left Middle-Finger	7. Left Index-Finger	6. Left Little-Thumb

LEFT INTERDIGITAL

RIGHT INTERDIGITAL

Name in full (with alias).....

Date of Birth..... Age.....
(Day, Month and year)

Birthplace }
Village or Town }
and District }

Arrival in } Date..... Ship.....
Papua }
New Guinea }

Height.....cms. Build.....

Complexion.....Hair.....Eyes.....

Occupation.....

Address }
in full }
(When no fixed place of adobe, record N.F.P.A.)

Court sentenced }
or remanded at }

Date.....

Offence }
in full }

Sentence or date remanded to.....
(Full details, or if remanded, date remanded to)

Arrested by.....

Descriptive marks, including scars, tattoo marks, physical deformities and other peculiarities, etc.:

If known, names of persons with whom arrested:

When a finger is missing or so injured that the impression cannot be obtained, or is deformed, and yields a bad print, the date of loss of finger or injured must be stated.

THE FOLLOWING PARTICULARS MUST BE WRITTEN
BY THE PERSON WHOSE FINGER-PRINTS ARE TAKEN

THUMB PRINTS TO BE TAKEN (Rolled)
To be impressed immediately after signature, etc., is written
Right Thumb Left thumb

Date of birth..... Age.....
(Day, Month and Year)

Signature in full or mark.....

Address in full.....