

# APPLICANT

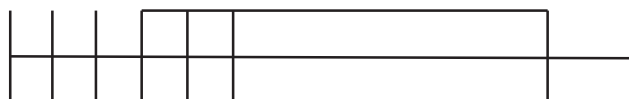
CRO 21A

THESE PARTICULARS TO BE ENTERED BY THE OFFICIAL TAKING THE IMPRESSIONS

SEX.....  
 NAME.....  
 RACE.....

This Form must be completed in detail before the Official concerned begins to take the finger prints of any other person. On no account must two incomplete Forms be dealt with at the same time.

FOR USE WITH THE FINGER PRINT SECTION



M No.....CRO No.....  
 CLASSIFIED.....DATE.....  
 SEARCHED.....DATE.....  
 TESTED.....DATE.....

## RIGHT HAND

1. ---- Right Thumb	2. ---- R. Fore Finger	3. ---- R. Middle Finger	4. ---- R. Ring Finger	5. ---- R. Little Finger
(Fold)				(Fold)

Impressions to be so taken that the flexure of the last joint shall be immediately above the black line marked (Fold) If the Impression of any digit be defective a second print may be taken in the vacant space above it.

When a finger is missing or so injured that the impression cannot be obtained, or so deformed and yields a bad print the fact should be noticed under *Remarks*

## LEFT HAND

6. ---- Left Thumb	7. ---- L. Fore Finger	8. ---- L. Middle Finger	9. ---- L. Ring Finger	10. ---- L. Little Finger
(Fold)				(Fold)

LEFT HAND  
Plain impressions of the four fingers taken simultaneously

RIGHT HAND  
Plain impressions of the four fingers taken simultaneously

	Left Thumb	Right Thumb	

(Fold) Impressions taken by	Rank	Date	Station (Fold)
--------------------------------	------	------	-------------------

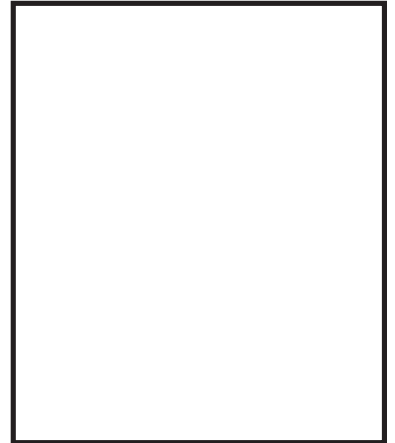
NAME:.....

ADDRESS:.....

TRIBE:.....

PLACE OF BIRTH:..... YEAR OF BIRTH.....

The information and finger prints entered and this record are voluntarily submitted by the undersigned as a statement of fact and qualifications for the position/licence/permit applied for and/or hired for. The undersigned expressly authorizes the Employer/Licensing Officer/Permit Officer to submit the said information and finger prints to any person, firm, corporation, body, bureau, department, police officials, and police Record Bureau, whatever or whoever for the purpose of any investigation whatsoever which the Employer/Licensing Officer/Permit Officer may desire, to make with reference thereto. Any the undersigned does remise, release and forever discharge the Employer/Licensing Officer/Permit Officer, its successors and assigns of and from all manner of actions suits, either in law or in equity, which against the Employer/Licensing Officer/Permit Officer the undersigned ever had, now has or which the undersigned his/her heirs, executor and Administrators hereafter can, shall or may have for upon or by or by reason of any matters causes of things whatsoever in connection with the foregoing.



REASONS FOR INQUIRY.....

..... APPLICANTS SIGNATURE.....

**REGISTRAR CRIMINAL  
NIGERIA**

REPORT OF TERMINATION OF SERVICE

Date of Engagement	Class or Grade on Engagement	Date of Discharge				Class or Grade on Discharge	Reason for Discharge

\_\_\_\_\_  
Signature