



REPUBLIC OF SOUTH AFRICA

FORM 8A

[Regulation 18A(1)]

APPLICATION TO DETERMINE WHETHER PARTICULARS OF A PERSON HAVE BEEN INCLUDED IN THE NATIONAL REGISTER FOR SEX OFFENDERS

Section 42(4) of the Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2007 (Act No. 32 of 2007)(the Act)

Note:

1. *This application is in the form of a sworn affidavit that—*
 - (a) *the information contained in the form is to the best knowledge of the applicant true and correct;*
 - (b) *the application is not frivolous or vexatious;*
 - (c) *the person who has submitted the application has an interest in the disclosure of the information; and*
 - (d) *disclosure of the information is in the interest of an identifiable vulnerable person.*
2. *A person on whose behalf an application is submitted, must give consent in writing approving the disclosure of his/her personal information to the third party.*
3. *A fingerprint report of a person on whose behalf an application is submitted, must be attached to this form (a fingerprint report can be obtained from any police station.*
4. *Except in so far as it may be necessary for the purposes of Chapter 6 of the Act, any person who wilfully discloses or publishes any information to any other person which he or she has acquired as a result of this application, or in any other manner, is guilty of an offence and is liable on conviction to a fine or to imprisonment for a period not exceeding three years or to both a fine and such imprisonment.*

1.	PERSONAL INFORMATION		
Title:			
Full names and surname:			
Date of birth:			
Age:			
Identity number:			
Passport number if person is not a South African citizen:			
Driver's licence number:			
Home address:			
Any other contact details (including postal address):			
E-mail address:			
Telephone number:		Cell number:	

2.	INFORMATION OF VULNERABLE PERSON		
Full names and surname:			
Indicate any known alias or nickname:			
Date of birth:			
Age:			
Identity number:			
Passport number if person is not a South African citizen:			
Home address/ Last known physical address:			
Any other contact details (including postal address):			
E-mail address:			
Telephone number:		Cell number:	

3.	REASON FOR VULNERABILITY (Mark with "x")		
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The person is:

- A person who is vulnerable;
 - A child;
 - A person with a mental disability;
- A female under the age of 25 years who—
 - receives tuition at a higher education college, higher education institution or university college
 - receives vocational training at any training institute, other than the institutions referred to above, or as part of their employment
 - lives in a building, structure or facility used primarily as a residence for any of the persons receiving tuition or vocational training as mentioned above.
- A person who is being cared for or sheltered in a facility that provides services to victims of crime.
- A person with a physical, intellectual or sensory disability and who—
 - receives community-based care and support services, other than from a family member for persons with physical, intellectual or sensory disabilities;
 - lives in a building, structure or facility used primarily as a residence for persons with physical, intellectual or sensory disabilities;
 - is cared for in a facility providing 24-hour care to persons with physical, intellectual or sensory disabilities.

<input type="checkbox"/>	A person who is 60 years of age or older and who— <ul style="list-style-type: none"> <input type="checkbox"/> receives community-based care and support services, other than from a family member; <input type="checkbox"/> lives in a building, structure or facility used primarily as a residence for such persons; <input type="checkbox"/> is cared for in a facility providing 24-hour care to such persons.
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3.	INFORMATION OF PERSON IN RESPECT OF WHOM THE APPLICATION IS MADE
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Title:			
Full names and surname:			
Indicate any other surnames:			
Indicate any known alias or nickname:			
Any known profession or trade:			
Date of birth:			
Age:			
Identity number:			
Passport number if person is not a South African citizen:			
Driver's licence number:			
Home address/ Last known physical address:			
Any other contact details (including postal address):			
Telephone number:		Cell number:	

4.	REASON FOR APPLICATION
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5.	REASONS WHY DISCLOSURE OF THE INFORMATION IS IN THE INTEREST OF THE VULNERABLE PERSON

I, (full names of applicant), hereby declare that the information given above, are to my best knowledge and intent true and correct

Signed aton this day of20.....

Applicant

CERTIFICATION

I hereby certify that before administering the *oath/taking the affirmation I asked the Applicant the following questions and noted *his/her answers in *his/her presence as indicated below:

- (a) Do you know and understand the contents of the above declaration? Answer _____
- (b) Do you have any objection to taking the prescribed oath? Answer _____
- (c) Do you consider the prescribed oath to be binding on your conscience? Answer _____

I hereby certify that the Applicant has acknowledged that *he/she knows and understands the contents of this declaration which was *sworn to/affirmed before me, and the Applicant's signature was placed thereon in my presence.

Signed aton this day of20.....

**Justice of the Peace/Commissioner of Oaths*

Full names:	
Designation:	
Area for which appointed:	
Business address:	

**Delete whichever is not applicable".*