

Criminal History Clearance

This is to certify that the individual whose details are indicated below has undergone a criminal history background check in accordance with applicable laws and regulations.

Full Name:

Date of Birth:

Identification Number:

Date of Issue:

Based on the records available to this office, it is hereby certified that as of the above date, no derogatory/criminal record has been found against the individual.

Authorized Signatory

Date: _____