

PERSONAL DATA 個人資料

香港警務處  
鑑證科



HONG KONG POLICE FORCE  
IDENTIFICATION BUREAU

SCRC Application No. : (For Official Use Only)  
性罪行定罪紀錄查核申請編號 (本欄不用填寫)

SCRC

/

APPLICATION FORM FOR SEXUAL CONVICTION RECORD CHECK  
性罪行定罪紀錄查核申請表

I, the undersigned, hereby make application to the Commissioner of Police for Sexual Conviction Record Check : -

本人，下列署名者，現向香港警務處處長提出查核本人的性罪行定罪紀錄：-

Applicant's Name in English :  
(\* Mr / Miss / Mrs / Ms)

申請人中文姓名：  
(\* 先生 / 小姐 / 太太 / 女士)

Chinese Commercial Code :  
中文商用電碼：

H.K. Identity Card No. :  
香港身份證號碼：

( )

Date of Birth :

出生日期： Day 日 Month 月 Year 年

Address in Hong Kong :  
香港住址：

*Any letters from this Office will be sent to the address stated above. Please notify us for any change.  
本處所發的信函將寄往以上地址，如有任何更改，請通知本處。*

Contact Telephone No. :  
聯絡電話號碼：

**Declaration :** I have familiarized myself with the "Notes to Applicants" and understood the terms and conditions for the Sexual Conviction Record Check service, including that the check result is only intended for seeking employment related to children / mentally incapacitated persons.

聲明：本人已詳閱『申請人須知』內所述內容，並明白有關性罪行定罪紀錄查核服務的條款及條件，包括有關結果只供申請從事與兒童有關工作及與精神上無行為能力人士有關工作之用。

Date :  
日期：

Signature of Applicant :  
申請人簽署：

Name and signature of parent / guardian if the applicant is under 18 years of age :  
家長 / 監護人姓名及簽署 (如申請人未滿 18 歲)：

Relationship with applicant :  
與申請人關係：

(\* Delete whichever is inapplicable. )

(For Official Use Only 本欄不用填寫)

Fee received.  
費用收妥

Receipt No. :  
收據編號：

Officer's Signature :  
職員簽署：

Date :  
日期：

Officer's Name and Post Title :  
職員姓名及職位：