

FORM B

(r. 4 (5) (b))

APPLICATION FOR PROTECTION WITNESS PROTECTION PROGRAMME

REQUEST FOR PROTECTION BY A FAMILY MEMBER, DEPENDANT OR RELATED PERSON TO A PROTECTED WITNESS:

Instructions for completion:

- Please read the instructions carefully on how to complete this document.
- This document consists of two Sections, Section A and Section B.
- Both sections have to be completed:
 - Section A by the applicant as defined in Section 3 of the Witness Protection Act, 2006, and
 - Section B by the investigating officer / police officer / legal representative or other person assisting the applicant or receiving the application.
- Please note that this application should be completed by every adult member of the family, dependant or related person to the protected witness;
- In the event that the applicant is a child, please note that in terms of Regulation 4(5) of the Witness Protection Regulations 2011, a Form C should accompany this Application.
- Please ensure that all the requested details are provided in full as required by every section and delete whatever is not applicable*.
 - a) State name and surname of applicant;
 - b) State age;
 - c) State relationship to the protected witness;
 - d) State name and surname of the protected witness;
 - e) State name and surname of members of the family of the family/household in respect of whom protective custody is required & their relationships;
 - f) State particulars of the person /persons who threatens/threaten the safety of the person/person in respect of whom prospective custody is required (if known).
 - g) State the circumstances as a result of which protection is required (e.g. death threat);
 - h) Full description of type, location and full extent of injury (if any).

SECTION A:

1) I, (a).....
 Identity Card Number: Passport number:.....
 or DOB: an adult *male/female, (b)
 years old, hereby declare that I am a *dependant of / are related to / have the following
 relationship (c) to (d)
 make an application that-

(i) I

*and

(ii) (e)

Name	Surname	Age	ID Card Number/DOB	Relationship to applicant

be included in the Witness Protection Programme.

I have reason to believe that *my safety/ and *the safety of the above-mentioned *person/persons
 is being threatened by (f) in that (g)

2. I have the following physical injuries: (h)

.....

3. I,.....hereby declare that the above-mentioned
 information is to the best of my knowledge, true complete and correct and that I am aware of the
 fact that it is an offence if I willfully furnish information or make a statement which is false or
 misleading.

.....
Signature/Mark/ Right thumbprint of Applicant)

Place: Date:

SECTION B:

Full names	
Surname	
Relationship to applicant	
Position	
Rank/Title	
Work address	
Work Telephone number	
Cell Phone number.	

1. I hereby certify that, in assisting the applicant with this application to be admitted to the Witness Protection Program, I am aware of the fact that I now have knowledge of information that are classified in accordance to the Witness Protection Act, 2006.
2. I also declare that I have taken notice of the contents and instruction as per Section 30 of the Witness Protection Act, 2006 that states that it is an offence to unlawfully disclose the identity or location of a person who is or has been a witness or participant, in the Witness Protection Program or which compromises the security of such a person and that, if found guilty, is liable to imprisonment for a term not exceeding seven years.

.....
Signature of Official

Place: Date:

Additional Remarks:

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