

PART B Applicant's details

B1 Title Mr Mrs Miss Ms Other
If 'Other' please give details

B2 Surname

B3 Forename(s)

B4 Name usually known by

B5 Surname at birth
(if different)
used until

B6 Any other surname(s) used? No *if 'No' go to B7* Yes *if 'Yes', complete E1.*

B7 Any other forename(s) used? No *if 'No' go to B8* Yes *if 'Yes', complete E5.*

B8 Gender Male Female

B9 Date of birth

B10 Place of birth - Town
Country

B11 National Insurance number

B12 Driving licence number

B13 Do you hold a valid passport? No *if No, go to B17.* Yes *if Yes, complete B14, B15 and B16.*

B14 Passport number

B15 Nationality

B16 Country of issue

B17 Preferred contact number

PART C Applicant's current and delivery address

Please give details of your current address. This is the address to which all correspondence will normally be sent.

C1 Current address

C2 Town / City

C3 County

C4 Country

C5 Postcode

C6 Lived at this address since

PART C Applicant's current and delivery address continued

Please give details of a preferred Delivery Address (if different from current address).

C7	Delivery address	<input type="text"/>
		<input type="text"/>
C8	Town / City	<input type="text"/>
C9	County	<input type="text"/>
C10	Country	<input type="text"/>
C11	Postcode	<input type="text"/>

PART D Address history

If you have lived at the address at C1-C5 for less than 5 years please provide details of all your previous address(es) and dates of residence for the last 5 years. There must be no gaps in the dates; overlapping dates are acceptable. Please start with the most recent address and work backwards.

If necessary, please use the approved Address Continuation Sheet – this is downloadable at www.dojni.gov.uk/accessni

D1	Address	<input type="text"/>
		<input type="text"/>
D2	Town / City	<input type="text"/>
D3	County	<input type="text"/>
D4	Country	<input type="text"/>
D5	Postcode	<input type="text"/>
D6	Lived at this address from	<input type="text"/> to <input type="text"/>
D7	Address	<input type="text"/>
		<input type="text"/>
D8	Town / City	<input type="text"/>
D9	County	<input type="text"/>
D10	Country	<input type="text"/>
D11	Postcode	<input type="text"/>
D12	Lived at this address from	<input type="text"/> to <input type="text"/>

PART E Names history

This Section should only be completed if you have answered Yes to questions B6 or B7. You must provide details of your previous name(s), along with dates these names were used. There must be no gaps in the dates; overlapping dates are acceptable. Please use an additional page if necessary, clearly writing your current name at the top of the page.

E1	Previous surname	<input type="text"/>
E2	date used from	<input type="text"/> to <input type="text"/>
E3	Previous surname	<input type="text"/>
E4	date used from	<input type="text"/> to <input type="text"/>

PART E Names history continued

E5 Previous forename

E6 date used from / / to / /

E7 Previous forename

E8 date used from / / to / /

Once you have completed Part E, please return to B8 to continue with this Form.

PART F Declaration by Applicant

By signing the applicant declaration box I confirm that the information that I have provided in support of this application is complete and true and I understand that knowingly to make a false statement for this purpose may be a criminal offence.

F1 Signature of applicant (*please sign in box*)

F2 Date of signature

/ /

F3 Name (in CAPITALS)

Information you have supplied on this form, and any other additional information you have supplied in support of this application, may be passed to other Government organisations and law enforcement agencies.

Unless otherwise advised, you must now take this form to a PSNI station, along with appropriate means of identification (follow the Identification link within Legal Issues section on our website at www.dojni.gov.uk/accessni for more information).

Once your identity has been confirmed by a PSNI officer, you should forward this completed form, along with the correct payment (see Part I) to AccessNI. Applicants should NOT complete Parts H and J of this form.

DO NOT SEND ORIGINAL IDENTIFICATION DOCUMENTS TO ACCESSNI

PART G Basic Disclosure Identification Check

When an individual is seeking a Basic Disclosure Certificate they must have their identity evidenced and verified at a PSNI station (unless they have been advised otherwise). If this is not possible, please contact AccessNI for advice – our Customer Helpline number is 0300 200 7888.

G1 I have established the true identity of the applicant to be the person named in Part F3 (above) by examining a range of documents as set out in AccessNI Guidance.

G2 PSNI Officer's name

G3 PSNI Officer's number

G4 PSNI Station Stamp







G5 Date / /

PART H Responsible Body Information

This section should only be completed by the Counter Signatory of an AccessNI approved Responsible Body organisation.

- H1 Position applied for
- H2 Organisation Name
- H3 Have you established the true identity of the applicant by examining a range of documents as set out in AccessNI Guidance, and verified the information provided in Parts B, C, D, and E? No Yes
- H4 Application type: New post holder Existing post holder Re-check of existing post holder
- H5 Your reference Number (This will be displayed on the Certificate)

PART I Payment (£26)

- I1 Method of Payment Account Card Cheque Postal Order
- I2 If paying by cheque, please complete the cheque number. [Cheques should be made payable to AccessNI]
- If paying by card, complete the card details below:    
- I3 Card number
- I4 Start date End date
- I5 Issue number (Maestro only)
- I6 Card security code
- I7 Name on card
- I8 Signature on card
- I9 Date of signature

PART J Responsible Body Declaration

I confirm that the requisite documentation and information has been supplied and checked in accordance with AccessNI Guidance. I declare that the information I have provided in support of the application is complete and true and understand that knowingly to make false statement for this purpose may be a criminal offence.

- J1 Signature of Registered Person (please sign in box)
- J2 Date of signature
- J3 Name in CAPITALS