

- CONFIDENTIAL -



Republic of South Africa

**OFFICE FOR WITNESS
PROTECTION
APPLICATION FOR PROTECTION
FORM A**



National Prosecuting
Authority of South Africa

Instructions

- This form needs to be completed for witness and related person(s) applying for admission to the Witness Protection Programme.
- Please read all instructions carefully.
- The form has 4 sections and a checklist.
- You are required to complete all the sections
- Section 4 is the declaration of a Justice of the Peace or Commissioner of Oaths

You are required to complete this form in full. Use this check-list to ensure that you have provided all the required information to the Office for Witness Protection

| | |
|--|--|
| Completion of all sections? | |
| Have you completed the declaration in Section 2? | |
| Have you completed the declaration in Section 4? | |

Section 1 - Application For Protection

1. I _____ (full name(s)) _____ (surname)

Identity Number _____

hereby makes an application on _____ (d/d) _____ (m/m) _____ (y/y)

that **Myself or my Related Persons and I or my Related Persons** (DELETE which is NOT applicable)

RELATED PERSONS

| Relationship | Surname and Name | Identity Number |
|--------------|------------------|-----------------|
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be placed under protection seeing that I have reason to believe that my safety and/or the safety of the above-mentioned person/persons are being threatened by

In that :

2. (a) I gave evidence of shall give evidence

On (date) _____

At (which court) _____

(b) I have material information at my disposal and I am willing to testify in a criminal court against:

With regard to the offence of charges:

I. _____

II. _____

III. _____

IV. _____

V. _____

VI. _____

| | | | |
|-------------------------------|-------|------------------|-------|
| SAPS | _____ | CAS Number | _____ |
| Name of Investigating officer | _____ | Rank | _____ |
| _____ | _____ | Cellular number | _____ |
| E mail address | _____ | Telephone number | _____ |

3. The nature of the evidence that I may/ shall give is as follows:

4. *I have the following physical injuries:*

5. I hereby consent to be placed under protection. **YES** or **NO** (DELETE which is not applicable)

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

Section 2 – Declaration

| | | | | |
|--|-----|--|----|--|
| A. I have reason to believe that the safety of myself and or my related persons and/or related persons are under threat. | Yes | | No | |
| B. I have material and/or information at my disposal and I am willing to testify in a criminal court | Yes | | No | |
| C. I consent to being voluntarily placed under protection | Yes | | No | |
| D. I understand that I am required to make a full disclosure of my financial affairs and any other matter related to my protection | Yes | | No | |
| E. Is Witness a minor | Yes | | No | |
| F. Do you understand the contents of the above declaration? | Yes | | No | |
| G. Do you have any objections to taking the prescribed oath? | Yes | | No | |
| H. Do you consider the oath binding on your conscience? | Yes | | No | |
| I. I, certify that the above questions were put to me and the answers as reflected above, were written down in my presence | Yes | | No | |

| | | |
|---|----|--------------------|
| Signature of Deponent or Parent / Guardian of Deponent | OR | Thumb Print |
| | | |

Section 3 – Interpreter

(full names)

(Surname)

hereby certify that I have interpreted truly, to the best of my abilities and correctly in relation to the contents of this statement and any questions to the deponent by the member from English to _____ and visa-versa.

.....
Signature of interpreter

Section 4 – Justice of the Peace or Commissioner of Oaths

A. I certify that the deponent has acknowledged that he / she knows and understands the contents of this declaration which was sworn to / affirmed before me and the deponents signature was placed thereon in my presence.

.....
Signature of Justice of the Peace / Commissioner of Oaths

| | |
|------------------------------|--|
| Full Name and Surname | |
| Designation | |
| Business Address | |
| Date | |
| Place | |