

J. PARTICULARS OF INTERPRETER										
(This section must be completed <u>only</u> if the applicant cannot read or write or does not understand the content of this form.)										
1	Name and surname of interpreter									
2	Identity/Passport number of interpreter									
3	Residential address of interpreter									
	⁴ Postal Code									
5	Postal address of interpreter									
	⁶ Postal Code									
7	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">Contact details of interpreter</td> <td style="padding: 5px;">^{7.1} Home Tel No ()</td> <td style="padding: 5px;">^{7.2} Cellphone number ()</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">^{7.3} Work Tel No</td> <td style="padding: 5px;">^{7.4} Fax No ()</td> </tr> <tr> <td style="padding: 5px;"></td> <td colspan="2" style="padding: 5px;">^{7.5} E-mail address</td> </tr> </table>	Contact details of interpreter	^{7.1} Home Tel No ()	^{7.2} Cellphone number ()		^{7.3} Work Tel No	^{7.4} Fax No ()		^{7.5} E-mail address	
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	^{7.5} E-mail address									
8	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Interpreted from (language)</td> <td style="width: 50%; padding: 5px;">To (language)</td> </tr> </table>	Interpreted from (language)	To (language)							
Interpreted from (language)	To (language)									

9

Date	<input style="width: 100%;" type="text"/>
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Signature of Interpreter

11

Place	<input style="width: 85%;" type="text"/>
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12

<input style="width: 100%;" type="text"/>

Rank of Interpreter in block letters (if applicable)

13

<input style="width: 100%;" type="text"/>

Persal number of Interpreter (if applicable)

K. FOR OFFICIAL USE BY THE DESIGNATED SECOND-HAND GOODS OFFICER AT STATION / NATIONAL LEVEL					
1	RECOMMENDATION REGARDING THE NOTIFICATION (Indicate with an X)				
2	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Recommended</td> <td style="width: 5%; text-align: center;"> <input style="width: 100%;" type="checkbox"/> </td> <td style="width: 45%; padding: 5px;">Not recommended</td> <td style="width: 5%; text-align: center;"> <input style="width: 100%;" type="checkbox"/> </td> </tr> </table>	Recommended	<input style="width: 100%;" type="checkbox"/>	Not recommended	<input style="width: 100%;" type="checkbox"/>
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">³ Reasons for recommendation</td> <td style="padding: 5px;"> <div style="border-top: 1px dotted black; height: 15px;"></div> <div style="border-top: 1px dotted black; height: 15px;"></div> <div style="border-top: 1px dotted black; height: 15px;"></div> <div style="border-top: 1px dotted black; height: 15px;"></div> <div style="border-top: 1px dotted black; height: 15px;"></div> <div style="border-top: 1px dotted black; height: 15px;"></div> <div style="border-top: 1px dotted black; height: 15px;"></div> <div style="border-top: 1px dotted black; height: 15px;"></div> <div style="border-top: 1px dotted black; height: 15px;"></div> <div style="border-top: 1px dotted black; height: 15px;"></div> </td></tr></table>	³ Reasons for recommendation	<div style="border-top: 1px dotted black; height: 15px;"></div> <div style="border-top: 1px dotted black; height: 15px;"></div> <div style="border-top: 1px dotted black; height: 15px;"></div> <div style="border-top: 1px dotted black; height: 15px;"></div> <div style="border-top: 1px dotted black; height: 15px;"></div> <div style="border-top: 1px dotted black; height: 15px;"></div> <div style="border-top: 1px dotted black; height: 15px;"></div> <div style="border-top: 1px dotted black; height: 15px;"></div> <div style="border-top: 1px dotted black; height: 15px;"></div> <div style="border-top: 1px dotted black; height: 15px;"></div>		
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4

<input style="width: 100%;" type="text"/>

Name of Police Officer/DSO in block letters

5

Date	<input style="width: 85%;" type="text"/>
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6

<input style="width: 100%;" type="text"/>

Rank of Police Officer/DSO in block letters

7

Place	<input style="width: 85%;" type="text"/>
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8

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Signature of Police Officer/DSO

9

<input style="width: 100%;" type="text"/>

Persal number of Police Officer/DSO

