AUTHORISATION TO COLLECT POLICE REPORTS

Authoriser Declaration: I, the Authoriser identified below, hereby authorise the person listed as the Authorised Person to request and/or collect, in my name and on my behalf, a copy of the Police Report listed below.

DETAILS OF THE AUTHORISER	
Name:	
Surname:	
ID Card / Passport Number:	
Signature:	
Date:	

DETAILS OF THE AUTHORISED PERSON	
Name:	
Surname:	
ID Card / Passport Number:	

POLICE REPORT INFORMATION	
NPS Reference Number:	
Date Of Report (*If Known*):	

This form must be signed in the presence of a Witness, who must not be the spouse or civil partner, or a direct ascendant or descendant of the Authoriser.

Witness Declaration: *I hereby confirm that the above declaration was signed by the Authoriser in my presence on the date indicated below.*

DETAILS OF WITNESS	
Name:	
Surname:	
ID Card / Passport Number:	
Signature:	
Date:	

WARNING: ANY FALSE DECLARATION IS A CRIMINAL OFFENCE AND MAY LEAD TO CRIMINAL PROSECUTION OF THE PERSON MAKING SUCH A STATEMENT.

IMPORTANT: THIS FORM MUST BE ACCOMPANIED BY A PHOTOCOPY OF THE IDENTITY CARD OF THE AUTHORISER, THE AUTHORISED PERSON, AND THE WITNESS.