POLICE REPORT ACCEPTANCE CERTIFICATE

TO: Police Station

DATE:

| APPLICANT | Addı | Address | | | | |
|--------------------------------------------------------------------------------------|------|--------------------|---------|------|------------------|--|
| PLI | Rela | ation to the Victi | m | Name | | |
| AP | | | | | Signature / Seal | |
| | | | | | | |
| This is to certify that the Police Report below was accepted in this police station. | | | | | | |
| Victim | | | Address | | | |
| | | | Name | | | |
| Damage cident | e/In | Date & Time | | | | |
| | | Place | | | | |
| | | Violation | | | | |
| | | Application | | | | |
| Why you need this Certificate? | | | | | | |
| Where this Certificate be submitted? | | | | | | |