**RWANDA INVESTIGATION BUREAU**



**DIRECTORATE GENERAL OF CRIMINAL INVESTIGATIONS**

PROVINCIAL BUREAU:

DISTRICT BUREAU:

STATION BUREAU:

DATE:……./……./……..

**CERTIFICATE OF GOOD CONDUCT**

APPLICANT’ S NAMES:…………………………………………………………………………………………………….

ID/PASSEPORT NO:…………………………………………………………………………………………………………..

PLACE OF RESIDENCE (Village, Cell, Sector, District):………………………………………………………….

**RECOMMENDATION BY EXECUTIVE SECRETARY OF SECTOR**

**………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

NAMES, STAMP AND SIGNATURE

**RECOMMENDATION BY CHIEF ASSISTANT INVESTIGATOR AT STATION BUREAU**

**………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

NAMES, STAMP AND SIGNATURE

**RECOMMENDATION BY CHIEF INVESTIGATOR AT DISTRICT BUREAU**

**………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

NAMES, STAMP AND SIGNATURE