

POLYNESIAN UNION – BIOMETRIC INFORMATION SUBMISSION FORM

APPLICANT FULL NAME: _____

APPLICANT'S FINGERPRINTS

RIGHT THUMB	RIGHT INDEX	RIGHT MIDDLE	RIGHT RING	RIGHT LITTLE

LEFT THUMB	LEFT INDEX	LEFT MIDDLE	LEFT RING	LEFT LITTLE

INSTRUCTIONS:

- This form must be scanned at **600 dpi** in greyscale.
- Please write all information in **BLOCK letters** using **black ink**.
- Enter data only within the boundaries of the designated field or block.
- Complete all required fields. *(If a required field is left blank, the fingerprint form may be rejected without further processing.)*
- Clearly note any missing fingerprints (e.g., due to amputation or injury)

SIGNATURE: _____