

EXTRACT REQUEST

from an individual's criminal record pursuant to the Decree regarding insurance distribution

Date

Send to: Polismyndigheten Box 757 981 27 Kiruna

Please write in BLOCK LETTERS. Don't forget to sign your name.

Your personal data			
Personal ID number (YYYYMMDD-XXXX) Surname			
First name E-mail address			
Address			
(Note! Extracts may not be sent direct to an employer) C/o			
Postal code City/town, country			
The above address is not my registered address			
To be completed by citizens of the UK or EU country outside Sweden			
Sex Date of birth (digits: DD/MM/YYYY)			
Male Female			
Mother's name		Father's name	
Foreign ID number		Place of birth (country and city/town)	
EU citizenship 1:	EU citizenship 2:		EU citizenship 3:
I want my extract to be sent by regular mail instead of digitally			
Signature Applicant's signature (required)			
Date Place			
Name clarification			



INSTRUCTION FOR FORM PM 442.30

Request for extract from an individual's criminal record pursuant to the Decree regarding insurance distribution

General information

This form is intended for those requesting an extract from their own criminal record at the Police Authority pursuant to the provisions of the Decree regarding insurance distribution (2018:1231).

The record extract is valid for 3 months from the date of issue.

Normal processing time is about 2 weeks, but if the form is incomplete or illegible, it may take longer.

If you have a digital mail box the extract will be sent there. If you want the extract to be sent by regular mail, please check the box regarding this on the form.

Your personal data

Personal ID number Please provide your personal identity or coordination number.

If you do not have a Swedish personal identity or coordination

number, provide your date of birth (YYYY-MM-DD).

Surname and first name Please be sure to provide your full name (all first and last names).

E-mail address Please provide your e-mail address.

I would like the extract to be Please provide the address where the extract shall be sent.

Postal code Please provide your postal code.

City/state and country Please provide city/state and country.

The above address is Check the box if the address you have entered is not your

not my registered address registered address.

Complete this section only if you are a citizen of the UK or EU country outside Sweden.

This also applies to those with dual/multiple citizenship.

Gender Indicate your gender by ticking a box.

Date of birth Provide your date of birth (DD-MM-YYYY).

Mother's name Provide your mother's first and last name.

Father's name Provide your father's first and last name.

Foreign ID number Provide your foreign ID number, if you have one.

Place of birth Provide the country and city/town where you were born.

Citizenship Here enter the country/countries of which you are a citizen. Countries that can be entered

are the UK and EU countries outside Sweden. Specify up to three countries.

The Police Authority will process your personal data in accordance with the EU Data Protection Regulation and other applicable legislation. The data are necessary to process your request, which is part of the police's exercise of official authority. Your personal data will only be stored as long as necessary for the purposes of the processing. However, information contained in public documents must be managed for archiving and may be disclosed in accordance with the principle of public access to official documents.

You can read more about your rights at polisen.se/personuppgifter/rattigheter