

Consent and Indemnity Form

Company Information ("The Company") *Consultant to complete*

Company Name: _____
Agent Name: _____ E-Mail: _____
Phone: _____ Fax: _____

Individual Information *Applicant to complete*

Surname: _____ First Name/s: _____
ID Number:

 Date of Birth: _____
(Mandatory if ID No. is not provided)
Other ID / Passport: _____
Physical Address: _____

Checks / Request

Criminal Record **Credit Profile** **Academic Qualification**

Qualification	Institution	City	Year Completed	Student No.

1. Employment in a position that requires trust and honesty and that entails the handling of cash or finances
2. Verifying educational qualifications and employment
3. Fraud detection and fraud prevention services

Indemnity

I hereby authorize **The Company / The Company's** duly authorized verification agent, **LexisNexis Risk Management "LNRM"**, to forward my personal information, including but not limited to my name, surname, identity number and fingerprints, to verification suppliers acting on behalf of **LNRM** (including but not limited to SAPS, the Government of RSA, any educational, training, credit bureau and fraud prevention organisation).

I authorize **LNRM** to conduct all verification checks (including but not limited to credit bureau searches, drivers licenses, employment history, and any other relevant checks in the pre- and post – employment vetting process).

I authorize **LNRM** suppliers to furnish personal information regarding my credentials, whether claimed or not, to **LNRM** and **The Company**. I unconditionally indemnify **LNRM** and its verification information suppliers against any liability which results or may result from furnishing information in this regard.

I understand that it is a condition of the South African Police Service and Tertiary Education Institutions, that –

- The information is furnished solely for the purpose of my proposed employment / continuation of employment
- Any information furnished to **The Company** and **LNRM** will be disclosed to me for comment before a decision is made on my employment / application; and

Signed at _____ (place) on ____ / ____ / _____ (date)
Applicant Signature: _____ Parent Signature : _____ (Applicant is a minor)
Consultant Signature: _____