LexisNexis®

Watermark Number:

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: | | | | | | | | | | | | | |

Other ID / Passport: | | | | | | | | | | | | | |

Date of Birth: _____

(Mandatory if ID No. is not provided)

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: _____

PLEASE COMPLETE AND FAX TO LEXISNEXIS RISK MANAGEMENT +27(0) 866 888 711

Updated November 2008