

Consent and Indemnity Form

Consent and indemnity Form				
CLIENT INFORMATION "CLIENT"				
Client Name	Department of	Forestry, Fisheries and	Authorised	
Cilent Name	the Environme	nt	Representative	
Email Address			Phone Number	
OOMDANY INFORMATION				
COMPANY INFORMATION				
Company Name				
Company Registration Number				
Director Name				
Director Surname			***************************************	
SA ID Number				
Passport Number				
VERIFICATION				
✓ Commercial Enquiry				
Reason for Enquiry:				
Todoon to Enquity.				
 Confirmation of Company Statutory Information Confirmation of Director Details of the Company 				
Committation of Director Details of the Company				
INDEMNITY				
I hereby authorise the Client / the Client's duly authorised verification agent, to forward my personal				
information, including but not limited to my name, surname, and identity number, to the verification suppliers acting on behalf of the Client (including but not limited to SAPS, the Government of RSA, any educational,				
training, credit bureau and fraud prevention organisation).				
I authorise the Client / the Client's duly authorised verification agent to conduct all verification checks (including but not limited to credit bureau searches, drivers' licenses, employment history, employment salary				
verification and any other relevant checks in the pre- and post – employment vetting process).				
Louthorica Client / the Client's duly outhorized verification agent to finally parametinforms the agent information and the control of the co				
I authorise Client / the Client's duly authorised verification agent to furnish personal information regarding my credentials, whether claimed or not, to the Client. I unconditionally indemnify the Client / the Client's duly				
authorised verification agent 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 furnished to the Client will be disclosed to me for comment before a decision is made				
on my employment / application; and				
The Client is responsible for verifying the accuracy in respect of information furnished to the South African Police Comics				
African Police Service.				
Signed at (Place)			On (Date)	
Authorised Direc	tor Signature			
Name and Surna	me of Authorised	Director		

Consent and Indemnity Form Initial: