

CONSENT AND INDEMNITY FORM

Company Name IQBusiness Consultant Name _____
Email address _____ Phone Number 011 259 4000

CANDIDATE INFORMATION

Surname _____ Full First Name _____
Maiden Surname _____ Date of birth _____
SA ID number

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 Passport _____
Physical Address _____

VERIFICATIONS

Criminal Record ☐ Have you ever been criminally charged Yes ☐ No ☐

If yes, detail of charge / conviction _____

For the purposes of this check, I consent to my fingerprints being captured and used and/or permit previously captured prints to be used if available.

CREDIT CHECKS

1. Employment, "considering candidate for employment in a position that requires honesty in dealing with cash and finances" as per relevant job description
2. Verifying educational qualifications and employment
3. Fraud detection and fraud prevention services

Fit and Proper Check (FSB and RE Examination)

Bank Verification

Academic Qualification

Qualifications	Institution	City	Year Completed	Student No.

Use of my Data / Indemnity

I hereby authorize The Company / The Company's duly authorized verification agent, LexisNexis Risk Management "LNRN", to forward my personal information, including but not limited to my name, surname, identity number and fingerprints, to verification suppliers acting on behalf of LNRN (including but not limited to SAPS, the Government of RSA, any educational, training, credit bureau and fraud prevention organisation). I authorize LNRN to conduct all verification checks (including but not limited to criminal checks, credit bureau searches, drivers licenses, employment history, employment salary verification and any other relevant checks in the pre- and post – employment vetting process). I also authorize LNRN to store my personal information (as defined above) for current, future or continued verification purposes (whether for the Company or others) or for other legitimate purposes. I authorize LNRN suppliers to furnish personal information regarding my credentials, whether claimed or not, to LNRN and The Company. I unconditionally indemnify LNRN 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 Company and LNRN will be disclosed to me by The Company for comment before a decision is made on my employment / application; and
- The Company is responsible for verifying the accuracy in respect of information furnished to the South African Police Service

I hereby consent to this indemnity form being used from time to time for continued verification purposes for the duration of my engagement with the Company.

I authorize The Company / The Company's duly authorized verification agent to share my personal information with clients/customers of the Company for the sole purpose of continued or new business engagements or for other lawful purposes

Signed at _____ (Place) on _____ (Date)

Applicant Signature: _____ Consultant Signature: _____

