

Permission and Indemnity Dec						
Permission and Indemnity Declaration						
Company Name:	Em	ail:				
Branch Name:	Pho	one:				
(B) Checks Required						
dentity Checks	Academic Qualifications	Enatis Checks				
Yimi	Matric Pre 92 Umalusi	Driver's Licence				
ID Verification	Matric Post 92 Umalusi	Professional Driving Permit				
Citizenship Verification	South Africa Qualification	Vehicle Information				
SA Work Permit	☐ N-Levels	Title Holder Information				
Asylum Permit	Global Qualification					
Bank Account Verification						
Credit Checks	Employment Checks	Criminal Checks				
Transunion Credit	Fit & Proper	Fraud Listing				
Compuscan Credit	FAIS Comprehensive	Criminal Record Check				
Experian Credit	 Professional Associations 					
XDS Credit	Social Media Check					
Do you have any previous	Charges					
Yes No	If yes, please list:					
Bureau ID Verification						
Agent Name:						
	NOTE:					
	Required: Please select reason	code from the list below				
Bureau Comprehensive						
Bureau Notices						

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Surname:	 	 	 	Ма	iden N	ame:	 	
Full First Names:	 	 	 	Da	ate of I	3irth:	 	
Primary ID No:								
2nd ID / Passport:								
Permit Number:								
Res. Address:					(ode.		

(D) Qualificat	ion Informatio	n	To be completed by Ca	ndidate – PLEASE PRINT
	(1)	(2)	(3)	0
Qualification:				
Institution / School:				
Province / Address:				
Date Obtained:				
Student No:				
Certificate No:				
Exam No:				

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(F) Indemnity Declaration

To be completed by Candidate - SIGN and DATE

I hereby authorize the Company's duly authorized verification agent, **Dots Africa**, to forward any personal information as well as any information that I have provided in support of my application to verification information suppliers acting on behalf of **Dots Africa** (including but not limited to the South African Police Services/Ideco, the Government of the RSA, and any educational, training, credit bureau and fraud prevention organizations) for the purpose of verifying my personal credentials and records. Authorized credential verification types include, but are not limited to, educational qualifications, professional membership, employment history, employment references, consumer credit, criminal record, drivers' license and fraud prevention checks. I authorize **Dots Africa**'s verification information suppliers to furnish information regarding my credentials, whether claimed or not, to **Dots Africa** and the Company. I unconditionally indemnify **Dots Africa** and its verification information suppliers against any liability that may result from furnishing information in this regard. I understand that it is a condition of **Dots Africa**'s verification information suppliers that this information is furnished by them solely for the purposes of my proposed/ continuation of employment via the offices of the Company and that any information that is furnished to the Company and **Dots Africa** will be disclosed to me upon request and that I may dispute any information in the record as prescribed in the Protection of Personal Information Act 4 of 2013 (**POPIA**) or the National Credit Act 34 of 2005 (NCA).

Personal Information" shall have the meaning ascribed to it in Chapter 1 of POPI and includes, but is not limited to a name, address, email address, telephone or fax number, criminal history and education or other personal credentials provided, or which is collected from the candidate or other third parties, before and/or during the background screening process and/or thereafter.

I understand that verification requests form part of the background screening process and: Data obtained from the Financial Services Conduct Authority (FSCA) shall serve only for the purpose to determine the fitness and propriety, as envisaged in the Financial Advisory and Intermediary Service Act No. 37 of 2002 (FAIS).

I acknowledge that any Personal Information supplied to the Company is provided voluntarily and that the Company may not be able to comply with its obligations if the correct Personal Information is not supplied to the Company. I warrant that the Personal Information provided to the Company is accurate and current and that I have not knowingly withheld any facts or circumstances.

Personal Information may be shared by the Verification Information Suppliers with Dots Africa and be further stored and shared by **Dots Africa** with the Company.

Personal Information may be stored for a reasonable period by the Company, **Dots Africa** and/or the Verification Information Suppliers, and I take note that if the Responsible Party has utilised the Personal Information contrary to the Privacy and Data Protection Conditions, I may first resolve any concerns with that Responsible Party. If I am not satisfied with such process, I have the right to lodge a complaint with the Information Regulator.

I agree to indemnify the Responsible Parties, and Verification Information Suppliers, acting in good faith in taking all reasonable steps to process my Personal Information lawfully, against any liability that may result from the processing of my Personal Information.

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Candidate Signature		D D	ММ	CCYY	
As the enquiring Agent of the Company, and in the case	that this form instructs	Dots Africa	a to provide	consumer	
credit information, I hereby state that I understand the p	rovisions of the Nationa	Credit Ac	t (34 of 200	5), section	
70(2)(g), and the Regulations made in terms of the Act, s	ection 18(4) and (5).				
			/	/	
AGENT SIGNATURE		D D	ММ	CCYY	
	UNOT be heald find a few l	he conten	t, factual co	rrectness or	
All signatories to this document agree that Dots Africa w	II NU I be neid liable for t				
All signatories to this document agree that Dots Africa w		rification I	nformation	suppliers	
All signatories to this document agree that Dots Africa w accuracy of any Data supplied to Dots Africa for the Com		rification I	nformation	suppliers.	
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