

## Consent and Indemnity Form

| CLIENT INFORMATION "CLIENT" |   |                           |  |
|-----------------------------|---|---------------------------|--|
| Client Name                 | Department of Forestry, Fisheries and the Environment | Authorised Representative |  |
| Email Address               |   | Phone Number              |  |

| COMPANY INFORMATION         |  |
|-----------------------------|--|
| Company Name                |  |
| Company Registration Number |  |
| Director Name               |  |
| Director Surname            |  |
| SA ID Number                |  |
| Passport Number             |  |

| VERIFICATION |
|--------------|
|--------------|

☒ Commercial Enquiry

Reason for Enquiry:

- Confirmation of Company Statutory Information
- Confirmation of Director Details of the Company

| INDEMNITY   |
|---|
| <p>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).</p> <p>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).</p> <p>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.</p> <p>I understand that it is a condition of the South African Police Service and Tertiary Education Institutions, that:</p> <ul style="list-style-type: none"> <li>• The information furnished to the Client will be disclosed to me for comment before a decision is made on my employment / application; and</li> <li>• The Client is responsible for verifying the accuracy in respect of information furnished to the South African Police Service.</li> </ul> |

|   |  |           |  |
|---|--|-----------|--|
| Signed at (Place)                       |  | On (Date) |  |
| Authorised Director Signature           |  |           |  |
| Name and Surname of Authorised Director |  |           |  |