

**Personal Credential Verification - Permission and Indemnity Declaration**

**A) PERSONAL INFORMATION** **PLEASE PRINT**

Surname: \_\_\_\_\_

Full First Names: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

ID No: \_\_\_\_\_

2<sup>nd</sup> ID / Passport: \_\_\_\_\_

Res. Address: \_\_\_\_\_

Code: \_\_\_\_\_

**(B) QUALIFICATION INFORMATION** **PLEASE PRINT**

	(1)	(2)	(3)
Qualification:			
Institution/School:			
City / Address:			
Date Obtained:			
Student No:			
Certificate No:			

**(C) INDEMNITY DECLARATION**

I hereby authorize **SA REDS** duly authorized verification agent, 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 **SA REDS** (including but not limited to the South African Police Services, 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, fraud prevention checks and drug detection services.

I authorize **SA REDS** verification information suppliers to furnish information regarding my credentials, whether claimed or not, to **SA REDS**. I unconditionally indemnify **SA REDS** and its verification information suppliers against any liability that may result from furnishing information in this regard.

(a) I understand that it is a condition of **SA REDS** verification information suppliers that this information is furnished by them solely for the purposes of my proposed / continuation of employment and that any information that is furnished to **SA REDS** will be disclosed to me before a decision is made on my continued employment or application for employment.

(b) **SA REDS** South African Referencing Database is responsible for verifying the accuracy, in every respect, of the information furnished by the South African Police Service.

**SIGNATURE** \_\_\_\_\_ DD / MM / YYYY

By your signature to this form you instruct **SA REDS** to provide consumer credit information, I hereby state that I understand the provisions of the National Credit Act (34 of 2005), section 70(2)(g), and the Regulations made in terms of the Act, section 18(4) and (5).

**WITNESS SIGNATURE** \_\_\_\_\_ DD / MM / YYYY

All signatories to this document agree that **SA REDS** will NOT be held liable for the content, factual correctness or accuracy of any Supplier Data supplied to **SA REDS** and also indemnifies and holds **SA REDS** harmless against any loss arising from neglect or damage in procuring, communicating or failing to communicate the information.