COMPLIANCE INSTITUTE
SOUTHERN AFRICA

Personal Credential Verification
Permission and Indemnity Declaration

(A) COMPANY DETAILS ("The Company") To be completed by Company Agent – PLEASE PRINT

Company Name: Compliance Institute South Africa Email: **Cunningham@complaincesa.com**
Branch Name: Phone:**011 642 7974**
Agent Name: Sharon Cunningham Fax:**086 508 3831**

(B) CHECKS REQUIRED

Qualification **YES**
Employment Confirmation **YES**

Bureau Comprehensive **TransUnion** **YES**
Bureau Comprehensive **Experian** **YES**

NOTE:
Reason Code Required! Please select a Reason Code from the list below

3. Fraud detection and fraud prevention services **YES**

(C) PERSONAL INFORMATION To be completed by Candidate – PLEASE PRINT

Surname:
Full First Names:
Maiden Name: Date of Birth:
Primary ID No:
2nd ID / Passport:
Res. Address:
Code:

(D) QUALIFICATION INFORMATION To be completed by Candidate – PLEASE PRINT

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

(E) INDEMNITY DECLARATION To be completed by Candidate – SIGN and DATE

I hereby authorize **the Company's** duly authorized verification agent, **Managed Integrity Evaluation (Pty) Ltd ("MIE")**, 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 **MIE** (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 MIE's verification information suppliers to furnish information regarding my credentials, whether claimed or not, to **MIE** and **the Company**. I unconditionally indemnify **MIE** 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 **MIE'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 **MIE** will be disclosed to me before a decision is made on my continued employment or application for employment. Furthermore, I authorize MIE to host my fingerprints and, upon request and with my consent, to release criminal results to other organisations.

CANDIDATE SIGNATURE ____ / ____ / ____ DD MM CCYY

As the enquiring Agent of the Company, and in the case that this form instructs MIE 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).

AGENT SIGNATURE ____ / ____ / ____ DD MM CCYY

All signatories to this document agree that MIE will NOT be held liable for the content, factual correctness or accuracy of any Supplier Data supplied to MIE for the Company by MIE's suppliers. The Company and the Candidate hereby indemnifies and holds MIE harmless against any loss arising from neglect or damage in procuring, communicating or failing to communicate information to the Company