

**CRIMINAL CLEARANCE CHECK CONSENT FORM**

**PLEASE PRINT IN BLOCK LETTERS**

First Names:												
Surname:												
Home Address:												
Work Address:												
Cell:												
Telephone Number:												
ID/Passport Number:												
Date of Birth (DD/MM/YY):												
Race:	Asian	Black	Coloured	White								

1. I understand, authorize and indemnify **Guardian Investigation's** duly appointed authorized verification agent (**Lexis Nexis Risk Management**) **LNRM** to forward my personal information to the SAPS for criminal clearance and I authorize **LNRM** to conduct the SAPS clearance checks.
2. I authorize and indemnify **LNRM** suppliers to furnish personal information regarding my credentials, whether claimed or not, to **Guardian Investigation**. I unconditionally indemnify **LNRM and Guardian Investigation** against any liability which results or may result.
3. I understand that if the information received by **Guardian Investigation and LNRM** will sent directly to me.

Signed at \_\_\_\_\_ (Place) on \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date-DD/MM/CCYY)

\_\_\_\_\_  
Signature