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Vat No: 421/018/6625
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Tel: 0861 738 378 Fax: 086 743 1708

INDEM	INITY BY APPLICANT						
I,				(Full name, surname)			
ID no: _							
Residen	tial Address:						
Cell #: _							
Has app	proached REVERT RISK MANAG	EMENT					
	, authorise Revert Risk Management So th African Police Services, and any Terti			dentity numb	er and or fingerprints available to)	
drivers I necessa criminal Criminal	rmore authorise Revert Risk Manageme icence, employment history, and any of ry to request the South African Police S background, criminal history, previous I Record Centre of the South African Pol uitment agency's duly authorised agent	ther relevant chec ervices, Tertiary convictions and / lice Service, and o	ks in the pre- or post-er Education Institutions to or any other relevant in	mployment ve furnish pers formation su	etting process and where conal information regarding my ch as is usually furnished by the		
	rmore unconditionally indemnify the Sor as the Government of the Republic of Sor egard.						
I unders	stand that it is a condition of the South	African Police Ser	vice and Tertiary Educat	tion Institutio	ns, that –		
	 (a) The information is furnished solel (b) Any information furnished to the to me for comments before a dec (c) The recruitment agency / the recruitment respect, of the information 	recruitment ageno ision is made on r ruitment agency's	cy / the recruitment age my employment / applic duly authorised agent a	ncy's duly au ation; and are responsibl	-		
Signed a	at		(pla	ace)			
This	day of		(mo	onth)	(year)		
WITNES	SSES:						
1		2			_		
Signatur	re of the applicant		Signature of the	e Agent / Emp	oloyer		
Signatur	re of parent or guardian (if applicant is	a minor)					