

## INDEMNITY BY APPLICANT/EMPLOYEE

I, \_\_\_\_\_  
(full name, surname)

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

have applied to be employed by/am, at present, employed by

\_\_\_\_\_

in the capacity of

\_\_\_\_\_  
\_\_\_\_\_

I hereby authorise the above employer/the employer's duly authorised agent, namely

\_\_\_\_\_

\_\_\_\_\_ to make my name, surname and identity number  
available to the South African Police Service.

I furthermore authorise the South African Police Service to furnish personal information regarding my criminal background, criminal history, previous convictions and/or any other relevant information such as usually furnished by the Criminal Record Centre of the South African Police Service in this regard, to the above employer and/or the employer's duly authorised agent.

I furthermore unconditionally indemnify the South African Police Service and all its members, employees as well as the Government of the Republic of South Africa against any liability which results or may result from furnishing information in this regard.

## INDEMNITY BY EMPLOYER

Reg. No. \_\_\_\_\_

WITH REFERENCE TO (EMPLOYEE/APPLICANT): \_\_\_\_\_

I, the undersigned \_\_\_\_\_

In my capacity as \_\_\_\_\_

and authorised by \_\_\_\_\_

address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(hereinafter referred to as the Employer)

for the sole purpose of \* considering the proposed employment of the above applicant/\*considering the continuation of service of the above employee, hereby apply for information regarding the criminal background, criminal history, previous convictions and/or any other relevant information in respect of the said employee/applicant as is usually furnished by the Criminal Record Centre of the South African Police Service in this regard.

- (Delete which is not applicable)

I undertake to:

- regard all the information thus furnished as strictly confidential;
- ensure that the information thus furnished will not be made known to any person who/institution which is not involved in the decision to employ/continue the service of the above employee/applicant;
- ensure that the employee/applicant with regard to whom information is being requested, signs the prescribed indemnity and that the completed indemnity accompanies this application;
- submit all the information furnished by the Criminal Record Centre pursuant to this request, to the employee/applicant for verification;
- verify the information thus furnished, before any decision which may be to the detriment of the employee/applicant is taken.

I understand that it is a condition of the South African Police Service, that –

- (a) the information is furnished solely for the purposes of my proposed employment/continuation of my employment with the above employer;
- (b) any information furnished to the employer/the employer's duly authorised agent, will be disclosed to me for comments before a decision is made on my employment/application; and
- (c) employer/the employer's duly authorised agent is responsible for verifying the accuracy, in every respect, of the information furnished by the South African Police Service.

Signed at \_\_\_\_\_

(place) this \_\_\_\_\_ (day, month, year).

WITNESSES:

1

\_\_\_\_\_

\_\_\_\_\_  
Signature of the applicant/employee

**INDEMNITY:**

**NOT APPLICABLE**

I hereby unconditionally, indemnify the South African Police Service and all its members, employees as well as the Government of the Republic of South Africa, against any liability which results or may result from the furnishing of information by the South African Police Service in the regard.

Signed at \_\_\_\_\_ (place)  
this \_\_\_\_\_ (day, month, year).

**WITNESSES:**

1 \_\_\_\_\_

2 \_\_\_\_\_

\_\_\_\_\_  
(Signature: Employer/Duly Authorised Agent)

I, \_\_\_\_\_ (employer/the employer's duly authorised agent)  
certify that –

- 1 I have obtained and confirmed the personal particulars of the applicant/  
employee; and
- 2 I have explained the content of this indemnity to the applicant/employee and  
confirm that he/she understands the content thereof.

Signature :

Office :

Place :

Date :