



it's about people

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# Alfa & Omega NBS

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

Company Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Branch Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Company Representative: \_\_\_\_\_ Fax: \_\_\_\_\_

**(B) PERSONAL INFORMATION (Person being verified)**

Surname: \_\_\_\_\_  
 Full First Names: \_\_\_\_\_  
 Country of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Primary ID No: \_\_\_\_\_  
 2<sup>nd</sup> ID / Passport: \_\_\_\_\_  
 Res. Address: \_\_\_\_\_  
 Contact number: \_\_\_\_\_ Code: \_\_\_\_\_

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

I hereby authorize **the Company's** duly authorized verification agent, **Alfa Omega NBS**, 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 **Alfa Omega NBS** (including but not limited to the South African Police Services/AFIS, 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 **Alfa & Omega NBS** and **the Company**. I unconditionally indemnify **Alfa & Omega NBS** 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 **Alfa & Omega NBS** 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 **Alfa & Omega NBS** will be disclosed to me before a decision is made on my continued employment or application for employment. Furthermore, I authorize **Alfa & Omega NBS** to host my fingerprints and, upon request and with my consent, to release criminal results to other organisations.

**CANDIDATE SIGNATURE** \_\_\_\_\_ / \_\_\_\_ / 2017  
 DD MM CCYY

As the enquiring Agent of the Company, and in the case that this form instructs **Alfa Omega NBS** 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).

**COMPANY REPRESENTATIVE SIGNATURE** \_\_\_\_\_ / \_\_\_\_ / 2017  
 DD MM CCYY

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