

**SAP INDEMNITY BY APPLICANT AND EMPLOYEE**

I, .....  
(full name, surname),

I.D..Number:.....Address:.....  
.....

Have applied to be employed by / 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 the South Africa against any liability which results or may result from furnishing information in this regard.

- 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 he 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 Applicant / employee

2. ....  
Signature of parent or guardian on a minor

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: