



South African Airways

Personal Credential Verification
Permission and Indemnity Declaration

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**PERSONAL CREDENTIAL VERIFICATION
PERMISSION AND INDEMNITY DECLARATION**

PERSONAL INFORMATION														
Surname:														
Full First Names:														
Maiden Name:								Date of Birth:						
Primary ID No:														
2 nd ID / Passport:														
Residential Address (including code):														

INDEMNITY DECLARATION To be completed by Candidate – SIGN and DATE

I hereby authorize **South African Airways** or its duly authorized agent to make my name, surname and Identity Number available to the **South African Police Services**.

I furthermore authorize the **South African Police Services** to furnish personal information regarding my criminal background, criminal history, previous convictions and / or relevant information such as usually furnished by the Criminal record centre of the **South African Police Services** to the **South African Airways** or its duly authorized agent .

I furthermore unconditionally indemnify the **South African Police Services, South African Airways** its affiliated companies and all their directors, officers and employees as well as the Government of the Republic of South Africa against any liability whatsoever 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:

- The information is furnished solely for the purpose of police clearance as part of my duty in foreign countries.
- Any information furnished to **South African Airways** will be disclosed to me for comments.
- South African Police Service** is not responsible to verify the accuracy, in any respect of the information furnished by the **South African Airways**.

Signed at _____ on this _____ day of _____ 20 ____

Signature _____ Witness-1 _____ Witness- 2 _____

CRIMINAL RECORD VERIFICATION BY SAPS

POSITIVE PROCESSED STAMP	SAPS DATE STAMP	CRIMINAL RECORDS	Verification Officer's Particulars
		Offence:	Initials.....
		Case NO	Surname
		Area	Signature