



## **FSA CONSENT FORM**

Name of Company: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Agent: \_\_\_\_\_

Cell No: \_\_\_\_\_

### **CANDIDATE PERSONAL DETAILS**

Surname: \_\_\_\_\_

Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

ID Number/Identifier: \_\_\_\_\_

Type of Identifier: \_\_\_\_\_

Passport  
Number if  
applicable: \_\_\_\_\_

Physical Address: \_\_\_\_\_

**Previous Charges and / or Convictions:**  YES /  NO **If Yes, Please Provide the Conviction Details if applicable:**

Have you been arrested before: \_\_\_\_\_

Date Convicted: \_\_\_\_\_

Fine Amount: \_\_\_\_\_

Offence: \_\_\_\_\_  
Theft, Robbery,  
Assault,  
Drunken  
Driving, Drugs  
Speeding  
Other

Sentence: \_\_\_\_\_

### **QUALIFICATION DETAILS**

To be completed by candidate if applicable

Qualification Name :

Institute Name: : \_\_\_\_\_

Date obtained : \_\_\_\_\_

Student No : \_\_\_\_\_

Certificate No : \_\_\_\_\_

Exam No : \_\_\_\_\_

### **DEFINITIONS IN TERMS OF CONSENT BELOW**

1. Candidate" means the person completing this document to be considered by the Company for purposes of employment/ continuation of employment;  
2.Verification Information Suppliers" shall mean third parties acting on behalf of FSA, including, but not limited to, criminal record bureaus, credit bureaus, governmental bodies, and any educational, training, and fraud prevention organisations;

3.Responsible Parties" have meaning to the Company and FSA together, and "Responsible Party" any one of them;

### **CONSENT FOR USE OF PERSONAL DETAILS**

1 .I consent to requests for consumer credit information to be released for the below prescribed purposes only:

1.1. Fraud prevention or detection.

1.2 .For employment in a position of trust and honesty and entails the handling of cash or finances;

2. By submitting any Personal Information to the Company in any form I acknowledge that such conduct constitutes a reasonable unconditional, specific and voluntary consent to the processing of such Personal Information in the following manner by the Company and/or verification information suppliers:

2.1. Personal Information may be shared by the Company with FSA and may be further shared by FSA with the Verification Information Suppliers for verification or other legitimate purposes;

2.2. Personal Information may be shared by the Verification Information Suppliers with FSA and be further shared by FSA with the Company and FSA other clients for purposes of continued or future employment or for other legitimate purposes.

2.3. Personal Information may be stored for a reasonable period by the Company, FSA and/or the Verification Information Suppliers,

2.4. Personal Information may be transferred cross-border to countries, which do not necessarily have data-protection laws similar for verification or storage purposes. In any cross-border transfer of personal information the recipient will be notified of the need to protect the confidentiality of the personal information.

3 .I hereby authorize the Company's duly authorized verification agent, FSA (Pty) Ltd to access my Personal Information and conduct background screening checks including, but not limited to, credit, qualifications, employment references, criminal record, fraud prevention, ID verification and drivers' license.

4 .I unconditionally agree to indemnify the Responsible Parties, and Verification Information Suppliers, acting in good faith in taking reasonable steps to process my personal information lawfully, against any liability that may result from the processing of my personal information. This includes unintentional disclosures of such personal information to, or access by unauthorized persons, and/or any reliance which may inadvertently be placed on inaccurate, misleading, or outdated personal information, provided to the Company by myself or by a third party in respect of me.

5 .I take note that if the Responsible Party has utilized the Personal Information contrary to the Privacy and Data Protection Conditions, I may first resolve any concerns with that Responsible Party. If I am not satisfied with such process, I have the right to lodge a complaint with the Information Regulator.

6 .I acknowledge that any Personal Information supplied to the Company is provided voluntarily and that the Company may not be able to comply with its obligations if the correct Personal Information is not supplied to the Company.

7 .I warrant that all information, including Personal Information, supplied to the Company is accurate and current and agree to correct and update such information when necessary.

8 .A copy of Personal Information kept by the Responsible Parties will be furnished to me upon request I understand that I may dispute any information in the record provided.

9 .I understand that verification requests form part of the background screening process and:

10 .I understand that privacy is important to the Responsible Parties and the Responsible Parties will use reasonable efforts in order to ensure that any Personal Information in their possession or processed on their behalf is kept confidential, stored in a secure manner and processed in terms of the law and for the purposes I have authorized.

CANDIDATE SIGNATURE \_\_\_\_\_

CONTACT NUMBER \_\_\_\_\_

DATE \_\_\_\_\_

COMPANY REPRESENTATIVE SIGNATURE (IF  
APPLICABLE) \_\_\_\_\_

DATE \_\_\_\_\_