SAPS INDEMNITY BY APPLICANT / NHW MEMBER

(Full name, surname),	
I.D. number:	Address:

Have applied to be a member of the Neighbourhood Watch (NHW) <u>MONTE VISTA PLATTEKLOOF GLEN</u> in the capacity of volunteer / member:

I hereby authorise the above mentioned NHW or duly authorized agent / representative, namely

to make my name, surname and identity number available to the South African Police Services.

I furthermore authorise the South African Police Services 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 Services in this regard, to the above NHW's 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:

I understand that this is a condition of the South African Police Services, that

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

Signed at	(Place)
This	(day, month, year)
Witnesses:	
1	Signature of Applicant
2	Signature of parent or guardian on a minor
l,	(authorised agent, certify that: -
	personal particulars of the applicant, and this indemnity to the applicant and confirm that he/she
Signature:	
Office:	
Place:	
Date:	