CIP INDEMNITY FORM

TO BE COMPLETED BY THE JOBSEEKER

CIP Ind	CIP Indemnity / Consent Form														
Full First Names & Surname:															
Identity	Identity Number:														
E-Mail A	ddress	:													
Cell Pho	Cell Phone Number :														
Physica	Physical Address :														
Current Employer :															
Current Position :															
I have approached or been approached by the recruitment company, or prospective employer namely															
	too seek employment / explore career opportunities.														
V-Repo	V-Report is an agent of the Recruiter/Company and provides the website at <u>www.v-report co.za</u> .														
I the Jobseeker wish to ascertain my current rating by conducting a check on myself (Copy of ID required)															
														ne (Candidate by means of	
•	Rating of the candidate is only permissible within twelve (12) months from date of signature of this indemnity!														
Rating is only permissible by Recruitment Agencies and Companies															
I am aware that it is my right to respond to any rating or ratings/ comments made on me. If I wish to do so, I will access the V-Report website by following a link I will receive by email or SMS.															
			omments p r jobseeke											/s that was	
Signed a	at						(Place) this				_ (Date)			
Day of _							(Month)			(Ye	ear)			
Signatu	е														

• This form is to be uploaded at the time of purchase of the verification the check will not be processed until this Indemnity is received.

