



tourism

Department:
Tourism
REPUBLIC OF SOUTH AFRICA

**CONSENT FORM
SOUTH AFRICAN TOURISM BOARD NOMINATION**

1. Personal Particulars	
Full names:	Date of Birth:
Surname:	Identity number:
Maiden name:	Passport number:
Residential address:	

2. Educational Qualifications		
Qualification	Institution	Student number
(i)		
(ii)		
(iii)		
(iv)		
(v)		

3. Criminal records		
Nature of offence	Sentence	Date of conviction
(i)		
(ii)		
(iii)		

I, _____, hereby authorise Department of Tourism and its duly authorised agents to forward my personal information, including but not limited to my name, surname, identity number, identity document, fingerprints and qualifications to verification suppliers including but not limited to SAPS, the Government of the Republic of South Africa, educational or training institutions, credit bureaus and fraud prevention institutions.

I authorise the Department and its duly authorised agents to conduct all verification checks including but not limited to employment history, educational qualifications, fraud and detection and criminal records.

I hereby unconditionally indemnify Department of Tourism and its duly authorised agents including the verification suppliers against any liability which results or may result from furnishing information in this regard.

SIGNED at _____ on this the _____ day of _____ 2023.

Candidate signature

Witness

Witness