SAPS INDEMNITY BY APPLICANT / NHW MEMBER

l, (full name, surn	name),	
I.D.Number:	Address:	
	be a member of the Neighbourhood Watch (NHW) Protea Heights South Neigbourhood V	
	in the capacity of voluntee	er/member:
I hereby author	rise the above mentioned NHW or duly authorised agent/representative, namely	
	South Neigbourhood Watch	
background, cri	uthorise the South African Police Service to furnish personal information regarding my cri iminal history, previous convictions and / or any other relevant information such as usuall ecord Centre of the South African Police Service in this regard, to the above NHW's autho	y furnished by
	inconditionally indemnify the South African Police Service and all its members, employ nt of the republic of the South Africa against any liability which results or may result fhis regard.	
I understand the (a) (b)	at it is a condition of the South African Police Service, that the information is furnished solely for the purposes of my proposed membership with the any information furnished to the NHW's duly authorised agent, will be disclosed to me comments before a decision is made on membership; and the duly authorised agent is responsible for verifying the accuracy, in every respect,	e above NHW; for of
Signed at	the information furnished by the South African Police Service.	(Place)
	(day, m	
Witnesses:		
1	Signature of Applicant	
2	Signature of parent or guardia	
I,	(authorised agent) ce	ertify that –
	ned and confirmed the personal particulars of the applicant; and ined the content of this indemnity to the applicant and confirm that he /she understands the .	ne
Signature:		
Office:		
Place:		
Data		