



**THE PROFESSIONAL PROVIDENT SOCIETY HOLDINGS TRUST IT 312/2011**

**NOMINATION FOR APPOINTMENT AS A TRUSTEE**

**CONSENT AND INDEMNITY BY NOMINEE**

Please complete this form in full and return it to the Trust Secretary

I, \_\_\_\_\_ [full name & surname]

I.D. No: \_\_\_\_\_ PPS Member No: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Postal Code: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

hereby authorise The Professional Provident Society Holdings Trust (PPS) to make my name, surname and identity number available to the South African Police Services (SAPS) for a criminal record verification, as well as to the credit reference company of its choice to enable a financial and credit check to be performed.

I hereby consent to having my fingerprints taken, as required for purposes of checking my criminal record.

I furthermore authorise the SAPS to furnish personal information regarding any criminal record I may have, or other relevant information such as is usually provided by the Criminal Record Centre of the SAPS in this regard, to PPS' duly authorised agent.

I furthermore unconditionally indemnify the PPS group, its members, employees, subsidiaries, affiliates and outsourced service providers to PPS against any liability which may result from furnishing information in this regard.

I furthermore unconditionally indemnify the SAPS and all its members, employees, as well as the Government of the Republic of South Africa against any liability which may result from furnishing information in this regard.

I understand that it is a condition of the SAPS that –

- (a) the information is furnished solely for the purpose of my proposed appointment as a trustee of The Professional Provident Society Holdings Trust;
- (b) any information furnished to PPS will be disclosed to me upon request;
- (c) PPS' authorised agent is responsible for verifying the accuracy in every respect of the information furnished by the SAPS.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Witnesses: 1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
Signature of Nominee