



**TELESURE
INVESTMENT
HOLDINGS**
TALENT ACQUISITION DECLARATION FORM

PERSONAL INFORMATION:			
Surname:		Title:	
First Names:			
CONTACT DETAILS:			
Home Tel No:		Work Tel No:	
Cell No:		Alternate No:	
ID No:		Date of Birth:	
Home Address:			
LANGUAGE:			
First Language:		Other Languages:	
REMUNERATION DETAILS:			
Current Cost to Company:		Provident Fund:	
Nett:		Commission:	
Medical Aid:		Pension Fund:	
Expected Salary:			
NOTICE PERIOD:			
Calendar Month:	30 Days:	Immediate:	Other:
ACCREDITATION:			
Are you FAIS accredited?			
How many FAIS credits do you have?			
Have you written and passed RE? (RE1/RE5?)			
What products have you sold?			
When did you enter into the insurance market?			
Are you currently excluded, suspended or debarred with The Financial Sector Conduct Authority (FSCA)?			
Have you been employed by TIH before?		Yes:	No: If so, give period:
Manager / Division:		Reason for Leaving:	
Have you ever been criminally charged?		Yes:	No: If yes, detail of charge / conviction:
Do you have any past or present relation with any entity and/or person in the employment of TIH?		Yes:	No: If yes, details of relationship:
ACKNOWLEDGEMENT:			
I hereby acknowledge that all information which I provide to Telesure Investment Holdings (TIH) and subsidiaries will to my best knowledge and belief be true, complete, accurate and not misleading. I hereby also give TIH permission to obtain relevant work-related references from the supervisors listed in my application, including other such documents and any other relevant sources. I also give TIH the permission to obtain criminal and / or credit checks for positions that would legally allow us to obtain such information in terms of the inherent job requirements.			
Signature of candidate:			Date:
Signature of consultant:			Date:

INDEMNITY BY APPLICANT

I, _____ (Full name, surname)

ID no: _____

Address _____

Has approached the following recruitment company

I hereby authorise the above recruitment agency / the recruitment agency's duly authorised agent, namely MIE, to make my name, surname and identity number and or fingerprints available to the South African Police Services, and the following Tertiary Education Institutions.

Qualification	Institution	Year	Student No
Matric :			

I furthermore authorise MIE to conduct all background checks including but not limited to credit bureau Searches, drivers licence, employment history, and any other relevant checks in the pre- or post-employment vetting process and where necessary to request the South African Police Services, Tertiary Education Institutions to furnish personal information regarding my criminal background, criminal history, previous convictions and / or any other relevant information such as is usually furnished by the Criminal Record Centre of the South African Police Service, and or Tertiary Education Institutions in this regard, to the above agency / the recruitment agency's duly authorised agent.

I furthermore unconditionally indemnify the South African Police Service, Tertiary Education Institutions 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 it is a condition of the South African Police Service and Tertiary Education Institutions, that –

- (a) the information is furnished solely for the purpose of my proposed employment
- (b) any information furnished to the recruitment agency / the recruitment agency's duly authorised agent, will be disclosed to me for comments before a decision is made on my employment / application; and
- (c) the recruitment agency / the recruitment agency's duly authorised agent is responsible for verifying the accuracy, in every respect, of the information furnished by the South Africa Police Service.

Signed at _____ (place)

this _____ day of _____ (month) _____ (year)

CONSULTANT: _____

WITNESSES:

1. _____

2. _____

Signature of the applicant

Signature of parent or guardian (if the applicant is a minor)

PLEASE PRINT INFORMATION IN FULL

Name and Surname	
ID Number	
Day and Date	
Time of Assessment	
Contact Numbers	
E-Mail Address	
Are you able to work Shifts?	
Availability/Notice Period	
Salary Expectation	

PLEASE LIST CONTACTABLE REFERENCES

Name of company 1:	
Contact person	
Their position	
Contact numbers	
Your job title	
Period of employment	
Salary	
Name of company 2:	
Contact person	
Their position	
Contact numbers	
Your job title	
Period of employment	
Salary	

I hereby declare that the abovementioned particulars are correct, and authorise any of my former employers to furnish their record of my services, my reason for leaving their employ, together with all other information they may have concerning me, whether on record or not. I authorise TIH to obtain a credit/criminal check when requested as an inherent job requirement by a client of TIH.

Signed: _____ Date: _____ Talent Advisor: _____



CONSENT TO VERIFY DATE OF FIRST APPOINTMENT

I _____ with ID number _____, hereby provide written consent, authorising TIH (Pty) Ltd to verify my date of first appointment and any other relevant information that may be required with the Search Results Financial Sector Conduct Authority (FSCA).

Signature: _____

Date: _____