

DECLARATION OF CONSENT

I understand and agree that my engagement is conditional to referencing, to the satisfaction of our United Kingdom and U.S. agent, of the information provided on the Verification Form. I confirm that the information I will provide on the Verification Form will be true and complete to the best of my knowledge.

Checks to be carried out
Basic Criminality Disclosure via Disclosure Scotland (unspent criminal convictions only)

I hereby authorise an independent agent acting on behalf of _____, to verify information presented on my Verification Form, which may include sensitive personal data for the purposes of the Data Protection Act 1998 and the obtaining of documents and/or information covered by the European Directive 95/46 and/or by applicable domestic data protection legislation.

I authorise an independent agent acting on behalf of _____, to perform Basic Disclosure checks through Disclosure Scotland. I therefore give permission for Disclosure Scotland to forward the Disclosure Certificate to The Independent Agent, Cross & Pillory House, Cross & Pillory Lane, Alton, Hampshire GU34 1NH and also give permission for it to be opened upon receipt.

I confirm that my consent is explicit, fully informed and freely given for the purposes of the Acts.

Signed	
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Name	
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Date	
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Verification Form

(Please use block capitals and complete in black ink)

Personal Details			
Title (Mr/Mrs/Miss etc)		National Insurance No.	
Surname		Forename (s)	
Previous surname (if applicable)		Date and Place of Birth	
<u>Current Address</u>		<u>Previous Address:</u> If you have been at your current address less than 5 years please provide details of your previous address(es) including postcode	
County/ Postcode		Use continuation sheet if necessary	
Resident from DD/MM/YY		Resident from DD/MM/YY	
Contact Number	Home		Email address
	Mobile		
Mothers Maiden Name			

Other Information				
Have you ever been convicted of any offence in a court of law in the UK or any other country? Do you have any summons pending? Unspent Convictions Only (Subject to 1974 Rehabilitation of Offenders Act)	Yes		No	
If Yes, give details of date(s) of offence(s) and sentences passed				

I confirm that the information I have provided on this form is true and complete to the best of my knowledge.

Signed	
Name	
Date	

Please ensure that you have provided _____ with a copy of a **proof of address*** issued within the last 6 months AND a copy of one of the following forms of identification:

- A Passport, EU Identity Card, Driving Licence including Paper Counterpart or full Birth Certificate

(* A proof of address could be a utility bill issued in your name, a bank statement, a credit card statement or similar).