Omnitrace SA
Tracing · Background Checks · Property Verification

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www.omnitrace.co.za

CLIENT CONSENT & AUTHORISATION FORM

CONSENT FORM

Reference No.: _____
Date: _____

1. CLIENT DETAILS

FULL NAME / ENTITY NAME

ID / REGISTRATION NUMBER

CONTACT NUMBER

EMAIL ADDRESS

PHYSICAL ADDRESS

2. SERVICE REQUESTED — FAMILY SHIELD PLAN

FAMILY SHIELD — for households making a big decision

R 2 450
once-off

- Up to 3 checks bundled — mix and match
- Property verification + full background + watchlist
- Priority 72-hour turnaround on the first report
- Follow-up call to walk you through the findings
- 30 days of email support after the report
- First consultation free — fee confirmed in writing before work starts

SELECT UP TO THREE: ☐ Property verification ☐ Full background check ☐ Watchlist screening

SUBJECTS OF THE CHECKS — FULL NAMES / PROPERTY DESCRIPTIONS / ERF NUMBERS

PURPOSE OF THE REQUEST

3. DECLARATION & CONSENT

I confirm that the information provided above is true and correct. I authorise Omnitrace SA to conduct the tracing, background check or property verification described above (up to three bundled checks), and to collect, process and verify personal information for that lawful purpose in accordance with the Protection of Personal Information Act, 4 of 2013 (POPIA).

I confirm that I have a lawful interest in the information requested and that it will not be used for harassment, intimidation or any unlawful purpose. I understand that Omnitrace SA will confirm the fee in writing before any work begins, that the Family Shield plan fee is R 2 450 once-off for up to three bundled checks, and that the first consultation is free. Findings are reported factually and no specific outcome is guaranteed.

Full terms, payment details and signature block continue on page 2.

4. PAYMENT DETAILS

BANK NAME
Capitec

ACCOUNT NAME
OMNITRACE SA

ACCOUNT NUMBER
2582373539

AMOUNT DUE
R 2 450.00 (Family Shield — once-off)

PAYMENT REFERENCE
Your phone number

USE YOUR PHONE NUMBER AS THE REFERENCE

SCAN TO PAY

5. SIGNATURE

CLIENT SIGNATURE _____ DATE _____

WITNESS NAME & SIGNATURE _____ DATE _____

6. FOR OFFICE USE ONLY

CASE NUMBER _____ INVESTIGATOR ASSIGNED _____ FEE CONFIRMED ON _____

PAYMENT RECEIVED _____ FIRST REPORT DUE (72H) _____ REPORT DELIVERED _____

Omnitrace SA processes personal information strictly for the purpose consented to above and retains records only as long as required by law. You may withdraw consent in writing at any time; work already performed remains payable.