** CONSENT BY PERSON FOR A SECTION 125 INQUIRY TO ESTABLISH IF HIS/HER NAME**

**IS INCLUDED IN PART B OF THE NATIONAL CHILD PROTECTION REGISTER**

**[SECTION 125 OF THE CHILDREN’S ACT, (No 38 OF 2005)]**

Dear Sir / Madam

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full names and surname) wish to provide consent to the designated

official to establish if my name is included in Part B of the National Child Protection Register.

The following document is presented for verification of my identity.

|  |
| --- |
| **1. IDENTIFYING DOCUMENTS:** |
| **One of the following identification documents must be attached:**  **□** identity document **□** passport **□** other (e.g. asylum) |

**In the event that my name has been included in Part B of the Register. My personal details are:**

|  |
| --- |
| **2. CONTACT DETAILS:** |
| **Postal Address:** |
| **Physical Address:** |
| **Contact Numbers: (Home): (Cell):** |
| **Email Address:** |
| **Province:** |
| **District Municipality:** |
| **Local Municipality** |

Yours Sincerely

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of person giving consent Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of person receiving consent Date**

