

CONSENT FORM

I/We, t	he undersigned	(Full names and surname) with	
Identity Number		hereby certify that I/we are the shareholders/officia	
representatives of		(Company name) with company Registration	
Number		hereby declare, agree and undertake the following towards	
SEDA			
(Herein	after):		
1.		r such other person or entity that SEDA may designate, the absolute right and ssments and to verify my information in order to evaluate, adjudicate and ational Treasury's requirements.	
2.	I/We acknowledge that SEDA is committed to protecting and promoting the privacy of my/our Personal Information including that of entity or any other individuals or organisation and to give effect to the constitutional right to privacy and to fulfil its obligations under the Protection of Personal Information Act No 4 of 2013 (Hereinafter 'POPI').		
3.	I/We hereby give consent to SEDA to process my/our Personal Information where the processing is necessary and only for purposes verifications in the evaluation of submitted proposals for RFQs, bids, payments and reports.		
4.	purposes prohibited by POPI and,	the Personal Information will not, under any circumstances, be processed for the principles contained in POPI and that the processing of Personal accordance with legal provisions, given that the purpose for which processing tate, relevant and not excessive.	
5.	might be brought by any person wh	nd hold you harmless from any action or claim of any nature whatsoever that atsoever against you as a result of any personal loss, injury or damage arising romission on SEDA's part relating to or incidental to the failure from SEDA's, or otherwise, as the case may be.	
6.		We have read this consent form in its entirety and that I/We fully understand hereof and agree hereto, and that I/We shall be fully bound hereto from date	
Signed a	on on	this 20	
Print Name and Surname: (Company Representative's Signature)			