

PROFESSIONAL COMPANY FORMATIONS

PO BOX 62-596
KALMIA STREET
AUCKLAND 1544
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WEBSITE www.pcf.co.nz

EMPLOYEE CONSENT FORM

CONFIDENTIAL WHEN COMPLETED

SURNAME:	
FIRST NAME(S):	
DATE OF BIRTH:	
MARITAL STATUS:	
CURRENT ADDRESS:	
PREVIOUS ADDRESS:	
OCCUPATION:	
EMPLOYER:	

I, _____, understand that the position which I have applied for involves significant financial risk and I therefore authorise the following:

- Veda Advantage to give Professional Company Formations information about me for the purpose of a pre-employment check for a position involving significant financial risk;
- Professional Company Formations to give my personal information to Veda Advantage, and that I agree that Veda Advantage will hold that information on their systems and use it to provide their credit reporting service;
- When other Veda Advantage customers use the Veda Advantage credit reporting service, Veda Advantage may give the information to those customers.

I hereby authorise Professional Company Formations, on behalf of ** Limited, to carry out a Consumer Credit Check with the information I have provided above.

Signed: Date: