

NOTE: THIS FORM IS CONFIDENTIAL AND FOR DATA COLLECTION ONLY. KINDLY CONTACT US ON SUPPORT@TASKXENDER.COM OR CALL 01-227 2396, +234 817 9864876.



TASKXENDER

BACKGROUND CHECKS

AUTHORISATION LETTER (LETTER A)

PLEASE FILL THE FORM IN BLOCK LETTERS

APPLICANT PHONE NO:

AUTHORIZATION FOR BACKGROUND CHECKS

In connection with my application for background checks or any other service from TaskXender or its duly authorized representatives to conduct background checks and verify other information about or concerning me by any investigative, enquiries or independent examination through any source which it deem necessary. This is for the purpose of verifying the accuracy, correctness, authenticity or genuineness of any information about me or which I may have provided to TaskXender.

In furtherance of the above, I agree that TaskXender may (at its sole discretion) contact any of the following institution;

- (a) My past and present employer(s) ;
- (b) Public database and law enforcement agency;
- (c) Educational institution(s), including but not limited to colleges and universities;
- (d) Mobile network operator(s) with my SIM details;
- (e) Any financial institution(s) in which I may have an account;
- (f) Credit bureaus and other credit agencies;
- (g) Any other person, agency(s), organization(s) or other lawful source of information about or concerning me ;

In addition, I agree and authorize any institution mentioned above to release any records or information pertaining me to TaskXender to confirm the authenticity of the information provided by me to TaskXender.

I hereby indemnify hold TaskXender (together with all its employers, officers, proprietor(s), and agents) harmless with respect to any claims, losses, liabilities (including legal fees and expenses) which may arise from the investigation or verification of any information about me, or as a result of the reliance on any information received from their parties, pursuant to this authorization.

By signing this letter, I agree to, and accept, the terms and condition set out in this authorization.

I certify that the information provided by me on this form is complete, true and accurate. I also agree that a copy of this form is valid like the signed original.

Applicant/ Employee's Full Name

Applicant/ Employee's Signature

*Date	D	D	M	M	Y	Y	Y	Y
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