

Date

**To whom it may concern**

I, \_\_\_\_\_, FULL NAME AND SURNAME

\_\_\_\_\_ (ID NUMBER), hereby give permission to  
The Compliance Toolbox (Pty) Ltd to obtain my Date of First Appointment and Subcategory  
details on my behalf.

Please also find attached a certified copy of my identity document.

Kindly provide them with the information required.

Sincerely,

\_\_\_\_\_

Signature of individual