

## CONFIRMATION OF CONSENT

I, \_\_\_\_\_, with ID / passport number  
\_\_\_\_\_ hereby consent to CHECK YOUR DRIVER Pty Ltd, or any of  
its authorised representatives to access my own and other parties relevant to this investigation, driver's  
license records & information and conduct all background and criminal checks; including obtaining all  
information or documents submitted at this time and in the future as it relates to this matter.

I acknowledge that my consent is voluntary and any personal information obtained by and supplied to the  
Insurers / client or any of its authorised representatives.

This request is signed at \_\_\_\_\_ on this day;  
\_\_\_\_\_.

**Full name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Best regards



**LEIGH JOHANSEN**  
*Managing Director*

### DISCLAIMER

The information herein has been gathered with explicit consent from the client. We assure the reliability of our sources. It is imperative for the client to recognise that this material is privileged and confidential, and should not be disclosed to unauthorised parties. CHECK-YOUR-DRIVER holds no liability for any actions initiated by the client or any third parties influenced by the use of this information.