



The National Research Foundation

Indemnity Form

Surname: (as in your identity document /passport)

First name(s): Title (Mr/Mrs/Ms/Dr/Prof).....

Residential Address during term:

.....

Telephone:Cellular:

Identity Number: Date of Birth:

Citizenship:

Issuing Country and Passport No:

Person to contact in case of emergency: Name.....

Relationship:Contact Number:

Any other information the fieldwork co-ordinator /project or programme manager should know? :

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.....

I, the undersigned hereby indemnify the National Research Foundation and its employees against and renounce and waive any claims or actions that I or any other person may have, whether direct or consequential, arising from

1. any incident while I/we for whatever purpose am on the premises or in any building that is occupied / controlled by the NRF;
2. collision while being transported for whatsoever reason by the NRF or any of its officials or employees;
3. whatsoever cause regardless of whether such is caused by any negligence or omission on the part of NRF.
4. No publications/research/pictures will be published without prior consent of the NRF.

Thus done and signed aton this the.....day of.....20....

..... UNDERSIGNED

WITNESS

NB: Please return this Indemnity Form to the fieldwork co -ordinator /project or programme manager