



Germany Credit_ Applicant Instructions

Updated Jan 10, 2025

Purpose

Credit searches in Germany require a specific authorization form. Below are the instructions for completing the Germany Credit specific authorization form.

Required Form and Document Names

- DE_Letter of Authorization

Required Documents for the Search

- Specific authorization form
- Current or last known address in Germany

Letter of Authorization Form Instructions

Complete the Letter of Authorization found on page three of this document; this can be done electronically or in legible handwriting.

1. Enter your full name
2. Enter your date of birth
3. Enter your current or last known address in Germany
4. Enter the date you completed the form
5. Sign the form





LETTER OF AUTHORIZATION

I undersigned [Full Name]: _____ 1. Enter your full name _____

Date of birth [DD/MM/YYYY]: _____ 2. Enter your date of birth _____

Address [Current or Last known address in Germany with indication of street name, house No., postcode, city]:
_____ 3. Enter your current or last known address in Germany _____

do hereby authorize iCOVER SAS, located at 10 Rue de Penthièvre, 75008 Paris, France, and its affiliates, acting as a data processor on behalf of First Advantage as per the E.U. Regulation 679/679.

To obtain and/or disclose any Credit, Insolvency and Bankruptcy and Address information relating to me from and/or to Boniversum GmbH, Hammfelddamm 13, 41460 Neuss, Germany. Information will be extracted from credit reports held by Boniversum GmbH and reported to First Advantage and the end user requesting the report. If financial information is not requested by the client or the end user (for example, in the case of a search limited to directorship or address history), it will not be disclosed to them.

Please indicate the purpose of the verification: Employment Screening

For the purpose of this verification iCOVER will collect and process personal data, including but not limited to, my name, address, contact details and date of birth.

This Letter of Authorization is valid until its explicit withdrawal or until the receipt of the credit report.

I understand that I may request access, correction or deletion of my personal information, and I may also revoke the present authorization at any time.

Date [DD/MM/YYYY]: 4 Enter +'

4. Enter the date you completed the form _____ 5. Sign the form _____

Signature

