

PERSONAL STATEMENT

(Please read carefully and sign below to indicate acceptance.)

I certify that the information provided in the questionnaire is true and complete to the best of my knowledge and belief. I understand that all information provided in the questionnaire is subject to verification by the Firm and/or its agents, and that any falsification, misrepresentation or omission of fact in the questionnaire, or during the engagement process, may be cause for refusal or termination (or my agency's consulting agreement) with the Firm.

I acknowledge that any Firm information or material not generally known to the public that I may obtain through the engagement process or through my affiliation with the Firm must not be shared, transferred or distributed in any way.

Personal Data Processing

I hereby consent to my personal information being stored (in any format) and (or) processed by the Firm, and (or) transferred (including cross-border transfer) to its subsidiaries or to the Firm's third party service providers, as required for the purposes of my prospective consultancy with the Firm (or its subsidiary).

Print Name: _____

Signature: _____ **Date:** _____

DISCLOSURE STATEMENT AND AUTHORIZATION

By this document, the Firm discloses to you that a screening, background check, consumer report and/or investigative consumer report ("Report") containing information concerning your criminal record, credit record, character, general reputation, personal characteristics, professional and educational background, and/or mode of living ("Information"), may be obtained in connection with your application to become a consultant to the Firm and also may be obtained for any purpose at any time during the term of your consulting agreement with the Firm. A Report may involve personal interviews with sources such as neighbors, friends, associates or others. In obtaining a Report, the Firm may review information regarding your conviction record, credit report and/or driving record (all to the extent allowed under applicable law), and/or receive transcripts, records and/or documents pertaining to your background, education, prior employment and/or employment performance, and/or to conduct and obtain the results of any required drug test, which shall only be obtained and conducted in accordance with applicable law.

By signing below you acknowledge your understanding that as part of the Firm's background investigation, the Firm may obtain (including from outside vendors) a Report. You authorize the Firm, or its agents, to request that any and all of your business associates, landlords, federal, state and/or local government agencies, national credit bureaus, schools and any other parties furnish Information to the Firm or its agents. Moreover, you hereby release each such source of Information from any liability whatsoever resulting from the furnishing of such Information to the Firm or its agents. You further authorize the Firm to make available to any prospective employer and/or to any federal, state or municipal agency any Information it may have concerning you.

Upon written request, you will be informed whether or not a Report was requested, and if such Report was requested, the nature and scope of any investigation, and the name and address of the consumer reporting agency to whom the request was made. You will be able to inspect and receive a copy of such Report by contacting such agency. If the Firm intends to make an adverse decision regarding your application to become a consultant to the Firm based, in whole or in part, on any Information from the Report, the Firm will provide you with a copy of any such Report prior to implementing such action. You acknowledge and agree that this authorization will remain on file and will serve as a continuing authorization for the Firm to conduct drug and other controlled substance testing and procure CRD registration records, Reports, or other screening and background checks, at any time during the term of your consulting agreement with the Firm.

Print full name: _____

Signature: _____

Date: _____

ID No.: _____

Other Identification No.: _____

(e.g. NI Number, NRIC, HKID, FIN, PAN)

Birth date (including year): _____

Prior legal name(s) (if any): _____

Date of name change (if any): _____

CRD Number (if any): _____