

ID APPLICATION FORM

Directions: Please write legibly and indicate N/A for spaces that are not applicable. Use black ink pen only.

Employee No.:	Date Hired:	Date:
Last Name:	First Name:	Middle Name:
Suffix:	Nickname:	Contact No.:
Current Address: (House No./Blk/Lot/Brgy./Street/Municipality/Province)		
SSS No.:	Tin:	
Person to Notify in case of Emergency:		
Full Name:	Relation:	
Address: (House No./Blk/Lot/Brgy./Street/Municipality/Province)	Contact No.:	
Attach 2x2 Picture (Red Background)	I hereby certify that above information are true and correct. Please see back page for data privacy consent. Signature Below	

TELFORD SVC. PHILS., INC.

PRIVACY NOTICE AND CONSENT FORM**Personal Data Update**

To ensure that your rights as a Data Subject under Republic Act No. 10173 otherwise known as the Data Privacy Act of 2012 are secured, Telford Svc. Phils., Inc. has implemented reasonable and appropriate organizational, physical and technical measures intended to protect your personal information and/or sensitive personal information against any unauthorized, accidental and/or unlawful processing under the following terms and conditions:

I. TYPES OF PERSONAL INFORMATION WE COLLECT

The type of personal information or sensitive personal information which the Company collects in relation to your personal data update identified on the first page are those personal information, contact and family information.

II. PURPOSE OF UPDATING YOUR PERSONAL INFORMATION

Any and all processing of personal information shall be made for a legal purpose and/or pursuant to a legal obligation under applicable laws taking into consideration appropriate security measures to ensure the confidentiality and/or integrity of the personal information involved. This includes, among others, update of your records for benefit administration, health & safety, correspondence and company announcements/notices.

III. HOW WE USE YOUR PERSONAL INFORMATION UPDATE

Processing of your personal data update shall be based on the information you provide the Company. This shall be used to determine your qualification and/or eligibility for the your benefits, the need for correspondence & company announcements/notices, hence you should ensure the accuracy and authenticity of all your given personal information;

IV. WHO WE SHARE YOUR PERSONAL INFORMATION UPDATE

We disclose your Personal information with the authorized personnel and third party service providers. This includes your Supervisors & Manager, Regulatory bodies (SSS, Pag-ibig, Philhealth & BIR), and Third party service providers such as Health and Life Insurance.

V. RETENTION OF INFORMATION

This shall be retained until another Personal data update has been submitted for the whole duration of active employment.

Please be informed that as a data subject, you have the right to the following: Right to access and correct the information, in case of inaccurate or incomplete data, right to be informed, object, erasure and restrict processing.

Conforme:

Signature over Printed Name

Date