

Personal Device Registration Form

| | |
|---------------|---|
| Employee Name | Michael James A. Castillo |
| Position | Web Developer Intern |
| Department | People Services Department |
| Email | psmichaelcastillo.payretointern@gmail.com |
| Phone Number | 09950132036 |
| Reporting to | Mhikko Ilagan |

| Device Information | | | | | | |
|-----------------------|--------------|-------------|-----------|---------------|---|---------|
| Device Brand Model | OS & Version | MAC Address | MDM | Jailed/Rooted | Security Measures | Purpose |
| | | | Yes No | Yes No | Password PIN Encryption Anti-Virus Firewall | |
| | | | Yes No | Yes No | Password PIN Encryption Anti-Virus Firewall | |
| | | | Yes No | Yes No | Password PIN Encryption Anti-Virus Firewall | |

OS – Operating System (Android, iOS, Windows, Linux, Others)

MAC Address – Device Physical Address

MDM – Mobile Device Management

Jailed/Rooted – Tampering the Operating System to allow modification/customization

Acknowledgement

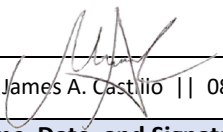
I acknowledge and agree to the requirements of Payreto's Bring Your Own Device (BYOD) policy.

I undertake to ensure that my BYOD is appropriately secured from loss, theft or use by persons not authorized to utilize the device.

I acknowledge that I am responsible for replacing, maintaining and obtaining technical support for my device; except in the case of applications that Payreto has provided.

I understand that access to Payreto's systems and data is provided at the sole discretion of PAYRETO and may be revoked at any time and for any reason.

I have read and understood the terms of this form and the requirements of Payreto's BYOD Policy and I will ensure that I adhere to these conditions at all times.

| | | |
|--|--|---|
|  Michael James A. Castillo 08/25/2022 | | |
| Name, Date, and Signature of Applicant | Name, Date, and Signature of IT Personnel | Name, Date, and Signature of Manager |