



KPMG Assurance and Consulting Services LLP

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Information Release Form

To Whom It May Concern

Please print

I _____
last name First name Middle name

I hereby authorize **KPMG** or their representatives to verify information presented on my employment application/resume and to procure an investigative report or consumer report for that purpose.

I hereby grant authority for the bearer of this letter to access or be provided with full details.

- Of my previous employment record held by any company or business for whom I previously worked. This information should include the dates of employment; the nature of the position held, [details of my salary upon departure] and an appraisal of my performance, capabilities, and character. In addition, please provide any other pertinent information requested by the individual presenting this authority. I hereby release from liability all persons or entities requesting or supplying such information.
- I understand and authorize this research to include, but is not limited to, retrieving criminal records, educational records, employment history, credit/financial reports, motor vehicle/driving records, civil records, reference checks, sex offender status information, professional licenses verifications, and Id verifications including those records maintained by both public and private organizations law enforcement agencies, educational institutions (including public and private schools/universities), foreign and domestic corporations, employers, information service bureaus, record/data repositories, courts and police stations, within or outside the European Union and other countries to release such information. I agree that this Authorization form in original, facsimile, photocopy, or electronic (including electronically signed) formats, will be valid for **KPMG** or any agent of **KPMG** to conduct any research, order any reports or produce any reports that may be requested by, or on behalf of the Company.
- Of my qualification/degree (copy of my certificates attached)
- Information in respect to my character from the records maintained by local authorities

Signature

Date: DD / MM / YYYY