AUTHORIZATION

I hereby declare that all information provided in this form are true to the best of my knowledge and that any falsified or malicious information in this application will be sufficient grounds for withdrawal of offer (if applicant) or dismissal (if employed) upon discovery. I also confirm that all the personal information of other individuals I provided in this form are provided with their knowledge and consent, and that I undertake to be responsible to them for my disclosure of their information to Concentrix.

I authorize Concentrix, its agents, representatives and/or third-party providers to verify and confirm any and all information pertinent to my educational, employment and personal background and history, and is not limited to the information provided in this form ("Purpose"), with my previous employers, school and other relevant individuals.

I affirm and consent to the disclosure and sharing of my personal information and sensitive personal information, to Concentrix, its agents, representatives and/or third -party providers, for the said Purpose.

I hereby release, discharge and hold free and harmless, Concentrix, its agents, representatives and/or third-party providers, and the disclosing individual and/or entity, who holds and controls my personal information, with regard to any above-mentioned sharing, disclosure and processing of my personal information and sensitive personal information

I am executing this form and providing my consent, willingly and voluntarily, without compulsion and intimidation from the company

Lara Khimberlie Mae R.
PRINTED NAME AND SIGNATURE:

ED NAME AND SIGNATURE: DATE: 2/13/2023