

Qualfon - Candidate Information Form

Terms and Conditions *

CONSENT TO COLLECT AND DISCLOSE

I hereby give authorization and consent for CIBI information Inc. ("CIBI"), acting on behalf of the company, to access and disclose information about me as stated below which may be in any national, provincial, regional or city files, including those maintained by both public and private organizations, and all public records, for the purpose of validating my identity, check on the truthfulness of the declarations made and the authenticity of documents submitted to the Company:

- Consumer credit history inquiry with a government ID verification which will include information about me, including any previous bankruptcies, civil legal proceedings, collection actions, negative banking items and other information reported by my creditors, and I hereby authorize any public or private institution to provide and release to CIBI information related to my credit record.
- Details regarding any academic training, verification of any diplomas or degrees received; and verification of any professional accreditations, and I hereby authorize any public or private educational institution to provide and release to CIBI information related to my educational/training record.
- Details regarding my employment history, including employment data verifications from any employer/position I have previously held, and I hereby authorize former employer to provide and release to CIBI information related to my employment record.
- References from any professional and personal associates I have provided or will provide, including information on my attendance, technical skills, interpersonal relations and any other pertinent information and I hereby authorize any professional associations to provide and release to CIBI information related to my employment record.
- Obtain information about myself and actions I am or have been involved in from judicial court, tribunal, regulatory body, disciplinary committee or any other legal or quasi-legal authority in the Philippines and I hereby authorize these judicial or quasi-judicial bodies to provide and release to CIBI information related to my records.

RELEASE AND DISCHARGE

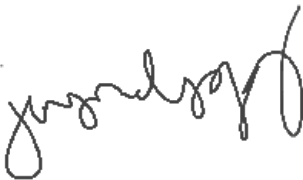
I understand that the information obtained because of this authorization and consent will be held in the strictest of confidentiality by CIBI and/or the Company and will be maintained in accordance with their respective Privacy Policies. The information obtained will only be used in accordance with and to satisfy the scope for which this authorization/consent has been signed. I release, waive and forever discharge anyone who provides information in relation to this release, from any and all liability for the disclosure of information to CIBI or the Company. I certify that the information set out by me in this authorization/consent is correct.

You may reach out to the DPO at dpo@cibi.com.ph for any privacy concerns



I accept the Terms and Conditions.

Signature *

A handwritten signature in black ink, appearing to read 'Jaymalin Galang', enclosed within a thin black rectangular border.

Name of the Applicant *

JAYMELYN JAYMALIN GALANG

Complete Name (Printed Name)

Date *

02/22/2023

MM/dd/yyyy