



Letter of Authorization

I authorize Wipro and its representatives to:

- carry out checks on my employment history, education, professional qualifications and membership of professional organizations in accordance with the applicable laws;
- take up professional references in accordance with the applicable laws;
- confirm the information I have provided including information provided to the organization which has requested these background checks and to its representatives in accordance with the applicable laws; and
- carry out any other background checks that are necessary, including a Global Database, credit And criminal check in accordance with the applicable laws.

I give all previous employers, educational institutions, professional institutions, credit agencies, Government organizations and others permission to give you and the organization which has requested these background checks (or people acting for them), information about my background (including information about my driving records, credit records, criminal records and other public records) to you and to the organization which has requested these background checks or people acting for them, in Philippines and, if appropriate, other countries regulated by data protection directives in accordance with all applicable laws.

I also authorize you and your representatives to give personal information about me to other organizations if this is necessary for you to carry out the checks.

I agree to my personal information being transferred outside of Philippines if this is necessary to complete checks. I also authorize organizations in any country to give my personal information to the organizations referred to above, and the organization that has requested these background checks, as long as this is in line with relevant laws.

By signing below, I confirm that I have read and understand your privacy policy about handling personal information. I understand that in some circumstances you may continue to carry out searches if instructed to do so by the organization which has requested these background checks and I agree to this.

Your Name:

Your signature:

Date: (DD/MMM/YYYY) _____

Note:

Should you choose not to provide authorization by not signing the authorization section after reading the same, we shall not be able to process your application any further for the purpose of filling up the job vacancy/ subsequent deployment including assignment to other group companies, where necessary for performance of contract to which you are a party.