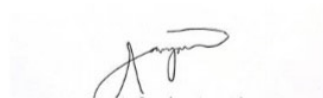


AUTHORIZATION

I, Anne Azazel Arcedo Amparo, of legal age, with address at 414 EAST SERVICE ROAD ALABANG MUNTINLUPA METRO MANILA, a graduate/undergraduate of with a degree in , hereby depose and say that:

1. I have applied as Clinical Pharmacist with Asian Hospital and Medical Center with office address at 2205 Civic Drive, Alabang, Muntinlupa;
2. Part of the documents that I have submitted to the said company is my duly accomplished Application Form and waiver;
3. The verification of all my records was outsourced by Asian Hospital and Medical Center to Human Capital Asia Inc., with office address at Unit 301 Jollibee Center, San Miguel Avenue, Brgy. San Antonio, Pasig City;
4. I am authorizing Human Capital Asia, Inc., or any of its authorized representatives, to verify the veracity of my records, such as previous employment records, neighborhood or barangay records, court cases and Academic Transcript of Records, in compliance with the provisions of the Data Privacy Act 2012 of the Republic of the Philippines.
5. I am executing this authorization to attest to the truth of the foregoing facts and for whatever legal purposes this authorization may serve.



Anne Azazel Arcedo Amparo

Printed Name and Signature of Applicant

Date: August 20, 2021