

#### ATTESTATION AND AUTHORIZATION

I hereby certify and declare that all written information provided in this form is accurate and complete to the best of my knowledge. I understand that any misrepresentation and/or falsification of any fact may result in cancellation of employment or immediate dismissal.

I hereby authorize CGI Philippines Inc. and its accredited vendors (**Vanguard Screening Solutions Inc. and Avvanz**) to verify the information provided in my form for background screening purposes. I authorize all persons who may have information relevant to this enquiry to disclose it to CGI Philippines Inc. and its partners and associates and release all persons concerned from liability on account of such disclosure.

I further authorize the procurement of a consumer credit report or other like documents and understand the report may contain information on my background, mode of living, character, and personal reputation. I further consent to the review and release of any information from my military records deemed necessary. I further acknowledge, consent, and agree that photocopies of this **Letter of Authorization** may be made and used as if they were original copies.

I fully understand and agree to the following:

1. Unsuccessful clearance of background verification before/after the start of employment will lead to withdrawal of the offer/termination of my employment by mere notice.
2. Failure on my part to furnish documents pertaining to my education and work experience and/or submission of any false or unverifiable education and work experience may lead to withdrawal of employment.
3. I am accountable for providing documents that will enable appropriate authorities in the relevant educational institution(s) and previous employer organization(s) to validate my claims.
4. CGI is not liable for the inability of the aforementioned parties and/or authorities to validate my credentials reflected by my submissions

Signature

Full Name

Date of birth (MM/DD/YYYY)


(For Trainees/Interns: copy of your Birth Certificate required)

Identification number

(Government issued ID - copy of the declared ID required)

(For Trainees/Interns - copy of School ID required)

Date

  
Edmund Michael Dimagracia  
11/24/1984  
241-300-901-090  
Feb 20, 2023