

CERTIFICATION AND AUTHORIZATION

I hereby certify that all information/data provided in this form including the document/s I provided are true and accurate to the best of my knowledge. I understand that any misrepresentation, falsification, or omission of information may disqualify me from employment and may result in my dismissal.

I have read the Vetting/Application Form and I authorize Argus Screening Corporation including its partners and affiliate to conduct a background check/verification relative to the data/ information found in this form. I hereby grant authority to the bearer of this document to present, submit, and disclose the information/data written and/or the document attached in this form to government entities such as the PNP, NBI, SSS, PHILHEALTH, BIR, HDMF (Pag-Ibig), Courts and Office of the Prosecutors, past employers, academic institutions, and all other offices and companies which I was previously connected with, to inquire the truthfulness of the statements made in this document, to process the same for purposes of verification, to have access, to obtain, and be provided with the results and other data/information in relation to the verification/check

MICKEE B SANTOS

Full Name


Signature

3/11/23
Date