



KPMG Global Services Private Limited

Building No. 10, 5th&6th Floor, Tower-C, DLFCyberCity, Phase-II, Gurugram - 122 002 (India)

Information Release Form- Please Print

To Whom It May Concern

I _____
Last Name B First Name pavan Middle Name kumar

I hereby authorize KPMG (the Company) and/ or other entities part of the KPMG network, their Client or their representatives to verify information presented on my employment application/resume and to procure an investigative report or consumer report for that purpose. Privacy and confidentiality of information shared by Company with third party vendors and/ or other entities part of the KPMG network, their client or their representatives will be maintained.

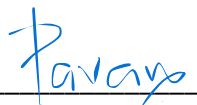
I hereby grant authority for the bearer of this letter to access or be provided with full details

- 1 of my previous employment record held by any company or business for whom I previously worked. This information should include the dates of employment; the nature of the position held, [details of my salary upon departure] and an appraisal of my performance, capabilities and character. In addition, please provide any other pertinent information requested by the individual presenting this authority. I hereby release from liability all persons or entities requesting or supplying such information.
- 2 of my qualification/degree (copy of my certificates attached)
- 3 information in respect to my character from the records maintained by local authorities

I also grant my consent and authorize KPMG to disclose report/outcome/results/findings/observations pertaining to my Background Verification check conducted by the Company to any clients (including prospective clients and other KPMG member firms across the world) of the Company. I hereby acknowledge and confirm that I understand that the Company may be required to share or disclose the aforesaid information, (either by itself, or upon a request in this regard by a client), and I do not have any objection to any such onward disclosure, which the Firm shall be free to make on my behalf.

I understand that during the course of my employment, I may also be required to undergo drug-screening tests subject to business/client requirements. I hereby authorize KPMG and/ or other entities part of the KPMG network, their Client or their representatives to conduct any additional checks required (including drug tests) and make the results available to KPMG (together with its affiliates and subsidiaries) and its current or prospective clients, if required.

I hereby certify all the statements made by me on the KPMG background verification form are true and complete. I understand that omission or misrepresentation of any facts may result in revocation of the offer for employment at KPMG or immediate termination of employment.



Signature

18-11-2025

Date: (dd/mm/yyyy)