

AUTHORIZATION FOR RELEASE OF INFORMATION & BACKGROUND CHECK**Background Screening Disclosure**

I hereby authorize **Verity Intelligence (S) Pte Ltd** and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or a background check. I understand that the scope of the report/background check report may include, but is not limited to, the following areas: criminal history records (from local, state, federal, international and other law enforcement agencies' records), wants and warrants records, business interest and directorship, financial checks and any sanction lists.

Authorization and Release

I, _____, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I authorize the full release of the information described above, without any reservation. I hereby release **Verity Intelligence (S) Pte Ltd**, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization for release form. I certify that all information provided below and at any other times are correct to the best of my knowledge. This authorization and consent shall be valid in original, fax, or copy form.

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

Name: _____ Mobile Phone: (____) _____

NRIC/ FIN /Passport Number: _____ Date of Birth: ____/____/____
(Day/Month/Year)

Current Address:

Signature

Date: