

**AUTHORISATION FOR RELEASE OF INFORMATION AND WAIVER OF
LIABILITY FOR EDUCATION VERIFICATION CHECK**

I, _____ hereby consent to the collection, use, processing, disclosure and/or transfer of personal data to Risk Management Intelligence Pte Ltd (RMI), their affiliates, any third parties who provide services on their behalf and to my potential/current employer, for the purposes of my job application and evaluating my suitability for employment.

I understand and willingly consent to the disclosure of my personal and education data insofar as the information is released solely to those who are evaluating my suitability for employment, including to the Early Childhood Development Agency Singapore (ECDA) who may require access to my report as part of my application process.

I also understand and agree that, where educational background verification checks may be conducted in countries where I have previously studied and/or resided, my data may be sent to, and processed in, those relevant countries. All checks conducted will comply with the relevant local laws and regulations in each country.

I hereby voluntarily waive RMI and my potential/current employer from any claims, damages or liabilities of any kind, that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, regardless of whether the information provided is favourable or unfavourable to me. I agree to release from liability all persons or entities requesting or supplying such information.

I understand that in the event of my failure to provide RMI with the supporting document requested, my offer may be withdrawn by my potential/current employer at any time. It is my responsibility to provide RMI with all documentation and information within 48 hours of request. If I am unable to provide the requested information or documentation, I must inform RMI and offer alternative solutions so that a full background verification check can be performed.

This authorisation shall remain valid for 90 days from the date of signature.

I confirm that I am aware of my subject rights under GDPR, PDPA or any other applicable data privacy laws, which may include the right to withdraw my consent to background checks at any stage, the right to access my completed report and the right to request that my personal data be forgotten or erased.

By signing this electronic Letter of Authorisation, I hereto consent and agree to use of my electronic signature and I agree that my electronic signature is the legally binding equivalent of my manual signature. Wherever I execute an electronic signature it has the same validity and meaning as my manual signature.

I have read the above, understand its contents, and voluntarily agree to its terms.

Print Name: _____

Identification Number: _____

Address: _____

Signature

Issued Date: _____