



**AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES**

**Background Screening Disclosure**

I hereby authorize **Co-opbank Pertama and Verity Intelligence Sdn Bhd** and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or a background check report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the report/background check report may include, but is not limited to, the following areas: names and dates of previous/current employment, work experience, workers compensation/claims, criminal history records (from local, state, federal, international and other law enforcement agencies' records), wants and warrants records, motor vehicle records, educational verification, license verification, business interest and directorship, financial checks with Credit Reporting Agencies and Bank Negara Malaysia Central Credit Reference Information System or CCRIS record, civil cases, any sanction lists, and drug testing.

**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 **Co-opbank Pertama and Verity Intelligence Sdn Bhd**, 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. Any false statements provided in this form and any other documents provided will be considered just cause for the termination of employment at any time. 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.

Applicant's Name: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ Mobile Phone  
ID /Passport Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Month/Day/Year)  
Date of Birth (This will not affect hiring decision)

Current Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature  
Date: