



INFORMATION RELEASE FORM

To Whom it May Concern;

I _____
Last Name First Name Middle Name

I hereby authorize **Lendell Outsourcing Solutions, Inc.** and/or their authorized representatives to verify information presented in my application form and in relation to the following:

- a. Credit History
- b. Business Background
- c. Banking Reference
- d. Trade Reference
- e. Financial Review/Condition
- f. Financial Ratio

to procure a verification report for that purpose.

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

Signature over Printed Name

Date (Month/Day/Year)

Date of Birth: _____
Identification No.: _____

- ☐ UMID
- ☐ SSS
- ☐ PHILHEALTH
- ☐ HDMF / PAG-IBIG
- ☐ VOTER'S ID
- ☐ POSTAL ID

PRIVACY POLICY

LENDELL Outsourcing Solutions, Inc. respects and is committed to maintaining the privacy of all individuals who provide personal information to us. LENDELL's Privacy Policy governs how to deal with the collection, security, quality, use and disclosure of personal information in compliance with the **Data Privacy Act of 2012** or the **Republic Act No. 10173**.