



### 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**.



## INFORMATION RELEASE FORM

To Whom it May Concern;

I/We \_\_\_\_\_  
Business Name or Company Name

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

- |  |  |
|--|--|
| <input type="checkbox"/> Credit History      | <input type="checkbox"/> Financial Review/Condition          |
| <input type="checkbox"/> Business Background | <input type="checkbox"/> Financial Ratio                     |
| <input type="checkbox"/> Banking Reference   | <input checked="" type="checkbox"/> Court Verification Check |
| <input type="checkbox"/> Trade Reference     | <input type="checkbox"/> Assessors Check                     |

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 and Position**

\_\_\_\_\_  
**Date (Month/Day/Year)**

**Date of Birth:** \_\_\_\_\_

**Valid ID No. 1:** \_\_\_\_\_

**Valid ID No. 2:** \_\_\_\_\_

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

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