

VERIFICATION REQUEST FORM

[Date]

Monde Nissin Corporation
Felix Reyes St.
Bgy. Balibago, Sta Rosa
Laguna

Gentlemen:

I would like to request Monde Nissin Corporation (the "Company") to release, and hereby consent to the release of my personal information held by the Company, which is listed below, to the following person (the "Third Party"):

Name of Third Party:	FIRST ADVANTAGE
Address of Third Party	
Email of Third Party	<u>GCM@fadv.com</u>
Fax No. of Third Party	61294750992

More specifically, the following personal information of mine indicated by an "X" or "✓" to the left of Column "Description of Personal Information" can be disclosed by Monde Nissin Corporation to the Third Party:

Please put (✓) or (X) to indicate consent	Description of My Personal Information
	Name
	Date of Birth
	Civil Status
	Position/Title/Level at Monde Nissin Corporation
	Start Date of Employment
	End Date of Employment
	Salary
	Employment Status (Probationary/Regular/Contractual Etc.)
	Separation Type
	Reason for Termination of Employment
	Any Derogatory Records
	Accountabilities & Clearance Status
	Any kind of personal information (including sensitive personal information) that is in possession of the Company

I hereby agree that as a result of its disclosure of the above-mentioned personal information to the Third Party, the Company shall not be liable under the Data Privacy Act of 2012 and similar laws (including any related implementing rules and regulations and circulars).

I hereby attached a copy of at least two (2) government-issued identification cards as proof of my identity and hereby certify that I have affixed my signature three (3) times beside said identification cards as proof of my identity. I hereby voluntarily affixed my signature below and represent this document to be an original.

Very truly yours,

[SIGNED]

{Name of Employee}