

Authorization for Release of Information made by Applicant

Name of Applicant 申請人姓名: (請用英文填寫) _____ Last Name 英文姓氏 _____ First Name 英文首名 _____ Middle Name 英文中間名 _____	Applicant's phone numbers 申請人電話號碼: Office 辦公室 : _____ Home 住宅 : _____ Mobile 手提 : _____
Applicant's ID / Passport number 申請人身份証或護照號碼 _____	Date of Birth 出生日期: _____ / _____ / _____ Day 日 / Month 月 / Year 年
Sex 性別 : Male 男 / Female 女	
List addresses for the last three in the past ten years 請列出過去十年最後三個地址 1. Current home _____ 現時住址 2. Current Business _____ 現時辦公室地址 3. Last Home _____ 過去住址	

* In connection with my application for employment/tenant/other _____, I authorize ReferenceCheck.hk, their employees and agents to solicit information about my background including, but not limited to, information about my employment, education, consumer credit report, motor driving record, professional body license and public information.

I understand that these records may be used for the eligibility of the above said purpose of my application. It intends to use the above reports about me to evaluate my candidacy. ReferenceCheck.hk is hereby authorized by client (employer/landlord or other) to act as Client's agent for the purpose of conducting and verifying client's reference checks. ReferenceCheck.hk does not hold, process or use those information for any of its own purpose.

Your reports will be served as reference only and should not be the sole determination in evaluation of this applicant. Your report does not draw conclusion. The same report with the same standing may be accepted by one client, but rejected by another. All other factors, references and current situations should be considered. ReferenceCheck.hk does not involve in their decisioning process.

The information you provide on this form is used for the purpose of collecting your personal data and assessing your application for the aforesaid purpose. ReferenceCheck.hk will destroy the report and any related documents for an expiry of the 45 days. Individuals have the right to protection of personal data, a copy of which is located in Office of the Privacy Commissioner of Personal Data.

Signature : _____ Printed Name : _____

HKID : _____ Date : _____

Internal use only	Checked by: _____	Date: _____
--------------------------	-------------------	-------------