



DATA PRIVACY – EXTERNAL CANDIDATES

I hereby declare that the information provided is true and correct. I also understand that any willful dishonesty may render for refusal of this application or immediate termination of employment.

If this application is successful, I authorize CELKI Medical Company to keep this information in my personal file, otherwise, all information will be destroyed within 3 months after the date of application.

I authorize CELKI Medical Company to disclose in a confidential manner of any information supplied in this application to the parties namely the Human Resources staff, concerning department head or above for and assessment.

I also understand I am entitled to update and correct the above information and agree that this information could be held for 3 months from the date of application and used for future recruitment by CELKI Medical Company.