

# TupperwareBrands

## PREFERRED CUSTOMER APPLICATION FORM

BRANCH CODE: \_\_\_\_\_

RECRUITER DETAILS:

NAME: \_\_\_\_\_

CODE: \_\_\_\_\_

FULL NAME

LAST NAME

FIRST NAME

MIDDLE NAME

FULL ADDRESS

HOUSE #

STREET NAME

BARANGAY

CITY/MUNICIPALITY

PROVINCE

CONTACT DETAILS:

HOME PHONE NUMBER

MOBILE PHONE NUMBER

EMAIL ADDRESS

OTHER DETAILS

BIRTHDAY (MM/DD/YY)

ID PRESENTED

### DATA PRIVACY CONSENT FORM

personal information, for business, commercial and administrative purposes. As such, I agree that the Company may collect and process my personal data and sensitive personal information.

I am aware that in the event that the Company needs to share my personal data with third parties, it should inform me and obtain my consent in accordance with R.A. 10173, or the "Data Privacy Act of 2012". I understand that, through this Consent Form, I am giving my consent to the sharing of my personal data, including my sensitive personal information, with third parties (including, among others, the Company's Parent company, subsidiaries, affiliates or other related companies).

I expressly agree and consent that the Company may collect, record, organize, store, update or modify, retrieve, consult, use, consolidate, block, erase or destroy, or otherwise process, through automated means or manual processing, my personal data, including my sensitive personal information, set out in my application form and/or otherwise provided by me or possessed by the Company in the course of or in connection with my contractual/business relationship with the Company, or the termination or cessation of such contractual/business relationship

I also that the Company may inform me of future customer campaigns and offer using the personal information I shared with the company.

I hereby acknowledge and warrant that I have acquired the consent from all parties relevant to this consent and hold free and harmless and indemnify the Company from any complaint, suit, or damages which any party may file or claim in relation to my consent

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ at \_\_\_\_\_ City

\_\_\_\_\_  
Signature Over Printed Name