



Dole Community Multi-Purpose Cooperative
 Barangay Cannery Site, Polomolok, South Cotabato, 9504
 TeleFax: (63)(83)500-2326

Data Privacy Consent Form

I, _____, authorize Dole Community Multi-Purpose Cooperative (DCo MPC) to process my personally identifiable information declared in this document for the purposes disclosed in the Privacy Notice.

Sensitive Personal Financial Information <input type="checkbox"/> Bank Account Details – Savings <input type="checkbox"/> Bank Account Details – Checking <input type="checkbox"/> Debit or Credit Card Information <input type="checkbox"/> Salary or Compensation Details	General Other Personal Information <input type="checkbox"/> Full Name (Last, First, Middle) <input type="checkbox"/> Employee Type <input type="checkbox"/> Employee ID <input type="checkbox"/> Employee Number <input type="checkbox"/> Date of Hire <input type="checkbox"/> Employee Status <input type="checkbox"/> Occupation <input type="checkbox"/> Job Title <input type="checkbox"/> Employer <input type="checkbox"/> Branch Code <input type="checkbox"/> Office Information <input type="checkbox"/> Organizational Information <input type="checkbox"/> Department/Division <input type="checkbox"/> Immediate Superior <input type="checkbox"/> Department Manager <input type="checkbox"/> Work Address <input type="checkbox"/> Work E-mail <input type="checkbox"/> Work Phone <input type="checkbox"/> Contact Phone Number <input type="checkbox"/> Home Phone <input type="checkbox"/> Complete Present Address <input type="checkbox"/> Complete Permanent Address <input type="checkbox"/> Place of Birth <input type="checkbox"/> Parent's or Relative's Information <input type="checkbox"/> Spouse Residence Address <input type="checkbox"/> Spouse's Employer <input type="checkbox"/> Spoken Languages <input type="checkbox"/> Digital Signature <input type="checkbox"/> Personal E-mail Address <input type="checkbox"/> Vehicle Information <input type="checkbox"/> Browsing History <input type="checkbox"/> Business E-mail Address <input type="checkbox"/> Data from Web cookies <input type="checkbox"/> Device Data Connectivity Activity <input type="checkbox"/> Device Digital Media Content	<input type="checkbox"/> Device Geolocation Data <input type="checkbox"/> Device Identification <input type="checkbox"/> Device Installed Application Usage <input type="checkbox"/> Device Phone Call Activity <input type="checkbox"/> Device Type <input type="checkbox"/> IP Address <input type="checkbox"/> Login Name or User ID <input type="checkbox"/> Website Usage Government Issued IDs <input type="checkbox"/> Barangay Certification <input type="checkbox"/> BIR Taxpayer's ID <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Community Tax Certificate <input type="checkbox"/> Driver's License <input type="checkbox"/> GSIS Card <input type="checkbox"/> Marriage Contract <input type="checkbox"/> NBI Clearance <input type="checkbox"/> PhilHealth Card <input type="checkbox"/> Passport <input type="checkbox"/> Police Clearance <input type="checkbox"/> Postal ID <input type="checkbox"/> PRC ID <input type="checkbox"/> SSS Card, UMID <input type="checkbox"/> Student's ID <input type="checkbox"/> TIN Card <input type="checkbox"/> Voter's ID <input type="checkbox"/> HDMF Mid No. Emergency Contact Information <input type="checkbox"/> Full Name (Last, First, Middle) <input type="checkbox"/> Complete Address <input type="checkbox"/> Home Phone <input type="checkbox"/> Cellphone No. <input type="checkbox"/> Relationship
Sensitive Personal Health Information <input type="checkbox"/> Physician – Patient Privileged Information <input type="checkbox"/> Health Disability Information <input type="checkbox"/> Health Medical History <input type="checkbox"/> Healthcare Plan Information <input type="checkbox"/> Height <input type="checkbox"/> Weight		
Other Sensitive Personal Information <input type="checkbox"/> Affiliation <input type="checkbox"/> Age <input type="checkbox"/> Background Check Record <input type="checkbox"/> Biometrics information/ finger codes <input type="checkbox"/> Birth date <input type="checkbox"/> Citizenship <input type="checkbox"/> Device Password or PIN <input type="checkbox"/> Distinguishing Features <input type="checkbox"/> Driver's License Number <input type="checkbox"/> Driving History <input type="checkbox"/> Education History <input type="checkbox"/> Gender <input type="checkbox"/> Marital Status <input type="checkbox"/> Previous Employer <input type="checkbox"/> Race/Ethnicity <input type="checkbox"/> Religion <input type="checkbox"/> Dependent(s) Name <input type="checkbox"/> Dependent(s) Social Security Number <input type="checkbox"/> Spouse Name (Last, First, Middle) <input type="checkbox"/> Mother's Maiden Name (Last, First, M.I.) <input type="checkbox"/> Father's Name (Last, First, M.I.) <input type="checkbox"/> Siblings Info (Name, Gender, Birthdate, Marital Status, Occupation) <input type="checkbox"/> Children Info (Name, Gender, Birthdate, Marital Status, Occupation)		
Other Government Issued IDs (Please mark <input type="checkbox"/> if applicable.)		
<input type="checkbox"/> Alien Certificate / Immigrant Certification Registration <input type="checkbox"/> Consular ID <input type="checkbox"/> Diplomat ID <input type="checkbox"/> Firearms License	<input type="checkbox"/> Integrated Bar of the Philippines ID <input type="checkbox"/> National Council for the Welfare of Disabled Persons Certification <input type="checkbox"/> OPWID <input type="checkbox"/> O/VVA ID	<input type="checkbox"/> Philippine Leisure and Retirement Authority ID <input type="checkbox"/> POEA Card <input type="checkbox"/> Seaman's Book

I understand the purpose for disclosing this personally identifiable information to DCo MPC and have understood and read the Privacy Notice of DCo MPC. I am aware that I can refuse to sign this consent form.

 Signature over Printed Name / Date