Consent Form for Employees

This consent form was made by The Humanica Group, including Humanica Public Company Limited and its subsidiaries (hereinafter "Humanica Group") for collecting, using, or disclosing ("Processing") personal data of the data subject in compliance with the Personal Data Protection Act B.E. 2562. The Humanica Group hereby seeks your consent to process your personal data. Please fill out the details in the following if you give acknowledgment and consent to the Humanica Group to process your personal data.

I, Mr./Ms./Miss_____Surname_____
Birthdate _____ Passport/ Identification Card No. _____
Address: _____ Phone Number_____,
as the Data Subject, hereby give consent to the Humanica Group to process my personal data for the following purposes.

By signing this consent form, the Humanica Group deemed that you give acknowledgment and consent to the Humanica Group to process your personal data for the following purposes or activities; (Please tick the relevant box (✓) if you agree or disagree to give consent to the Humanica Group to process your personal data in each purpose.)

❒ I consent ❒ I do not consent to the collection and use of my personal data and sensitive personal data, including but not limited to religion, health information, criminal records, and disability status, for the purpose of serving as supporting documentation for the employment contract as personnel of the Humanica Group.

❒ I consent ❒ I do not consent to the Humanica Group for the collection and use of my personal data and sensitive data such as health records, annual health check-up results, medical treatment history, immunization history, information on the medical certificate, etc., for the purpose of providing information for welfare management of employees and work benefits, such as health check-ups. If you do not consent, the information provided may not be sufficient to determine employee welfare and other benefits for employees.

❒ I consent ❒ I do not consent to the Humanica Group for the collection and use of my sensitive data such as finger scans, face scans, etc., for the purpose of verifying information and identification when entering and leaving the Humanica Group's working areas, as well as to maintain the safety of employees and the Humanica Group. If you do not consent, the information provided may not be sufficient to verify your identity, entering and leaving the Humanica Group's working areas.

Note: You may choose to give full or partial consent. However, if you provide partial or no consent, the information provided may be insufficient for processing payroll, benefits, and other employee entitlements.

In addition, the categories of personal data, purposes, retention period in storing personal data, processing of personal data, data sharing to the third party, the rights of the data subject as well as the rights to withdraw the consent, shall be compliance with the Privacy Policy of the Humanica Group. Whereas the Humanica Group strongly recommends you learn more about Privacy Policy prior to giving consent to the Humanica Group, the details of which can be found in the link and QR Code to the Privacy Policy as follows.

or https://www.humanica.com/en/pdpa/ApplicantsAndEmployees

If you wish to withdraw your consent whether in whole or in part, you may proceed to exercise your rights by downloading the Consent Withdrawal Form on the Humanica Group's website, or on the Humanica Group's operating system or request for the Consent Withdrawal Form at Human Resources Department by email: hrrecruitment@humanica.com

I confirm that I have read and understood the information in the Privacy Policy of the Humanica Group and this consent form to process personal data and certify that the above statements are true and correct to the best of my knowledge.

I hereby sign this document,

Sign _____ as the Data Subject. Date _____

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