

Emergency Payroll Advance Data Privacy Disclosure Consent

This privacy disclosure supplements the CABGOC Employee's Privacy Notice with respect to the information collected using the information related to Emergency Payroll Advance. The CABGOC – Emergency Payroll Advance contains the above information provided. Please refer to the CABGOC Employee's Privacy Notice that pertain to you for information relating to the collection and use of your personal data and Emergency Payroll Advance. The purpose of this Supplemental Privacy Disclosure is to provide more specific disclosures that relate to the use of the Emergency Payroll Advance information. Personal information will be collected, used and disclosed by CABGOC only for the purposes indicated on the specific form filled out by you in the Emergency Medical Assistance request. Your personal information may be shared with other counterparts involved in the process.

How to contact us

If you have questions regarding the Emergency Payroll Advance, please contact us by mail at Benefits and Compensation mailbox. If you have questions regarding our handling of your personal data, please contact us by email, or by mail at:

Cabinda Golf Oil Company Limited, Av. Antonio Agostinho Neto, Edificio Chevron, Nova Marginal, C.P.2950, Republic of Angola, Tel: 244 222 692600

Your rights

In compliance with the Angolan Personal Data Protection Law, you may have the right to (i) access certain personal information we maintain about you; (ii) request that we update, correct, amend, erase or restrict your personal information; or (iii) exercise your right to data portability. Where provided by law, you may withdraw consent you previously provided to us or object at any time to the processing of your personal information on legitimate grounds relating to your situation, and we will apply your preferences going forward as appropriate. To exercise these rights, please contact us via one of the means specified in the How to Contact Us section of this Supplemental Privacy disclosure. To help protect your privacy, we take reasonable steps to verify your identity before granting access to your information. In the event you consider our processing of your personal information not to be compliant with the applicable data protection laws, you can lodge a complaint with Chevron's Global Privacy Office by sending a letter or an email to the Global Privacy Office at the addresses provided in the How to Contact Us section of this Supplemental Privacy Disclosure.

Changes to this supplemental privacy disclosure

CABGOC may occasionally update this Supplemental Privacy Disclosure. When we do, we will revise the "effective date" at the top of this Supplemental Privacy Disclosure. You should revisit this page periodically to become aware of the most recent privacy terms. Your use of the site after such changes have been posted constitutes your agreement to such changes.

I Consent

Employee Signature



Emergency Payroll Advance Request Form

Instructions

- Step 1)** Employee must read, understand and consent the [Emergency Payroll Advance Data Privacy Disclosure Consent](#) from above
- Step 2)** Employee and Supervisor must read and understand HR Policy 160 on the SASBU Human Resources Web site.
- Step 3)** Employee fills the Emergency Payroll Advance Request Form, signs and submits to the supervisor with the required support documentation.
- Step 4)** Supervisor review and signs the request and forwards the signed form to the Finance Payroll email: finpyrl@chevron.com.
- Step 5)** Finance Payroll reviews the packet and verifies that the requested amount meets the 25% Labor Law rule. If it doesn't, then Finance Payroll will advise the maximum loan available that does not violate the rule. Finance Payroll will then send a repayment schedule to the employee and copy the supervisor, once an eligible amount is identified.
- Step 6)** Supervisor sends the form to the Department Manager for approval.
- Step 7)** Department Manager review and signs and sends back to Supervisor.
- Note:** If there is any exception to the HR Policy 160, the Department Manager sends the packet to the HR Manager for approval/signature.
- Step 8)** Supervisor sends the form and the supporting documentation to Finance Payroll (finpyrl@chevron.com).
- Step 9)** Finance Payroll makes a final verification to the packet, and if everything is in conformance, forwards the request to Accounts Receivable to process. A deposit will be made into the employee's bank account within the next 5 business days, soon after the request has been fully approved.
- Step 10)** Finance Accounts Receivable informs HR to activate the monthly deduction, which is triggered a month after the money has been deposited into the employee's account. The deductions will follow the repayment schedule.

Employee Name	
Employee Number	
Phone Extension	
Amount and Currency	Amount Requested (To be confirmed by the 25% rule) (USD only for Angolans on expat assignment)
Payment Method	By direct bank deposit into employee's bank account
Date Required	Payment is typically received within 5 business days, soon after the request has been fully approved.
Reason for Payroll Advance (check one of the box below)	Emergency Financial Need: (Describe and attach proper documentation e.g. police report, scanned photos, death certificate, doctor's medical diagnosis)
<input type="checkbox"/> Natural Catastrophe/ Disaster Damage or Loss <input type="checkbox"/> Medical Assistance <input type="checkbox"/> Robbery resulting in Loss/ Damage of property <input type="checkbox"/> Loss or damage due to fires <input type="checkbox"/> Death of a family member <input type="checkbox"/> Other (Needs HR Manager approval below)	
Employee Signature	<u>I acknowledge and fully understand my repayment obligations under the Emergency Payroll Advance and I expressly agree and accept to abide by the terms and the conditions of HR Policy 160.</u> Digital Signature: _____
Endorsed by Supervisor	Digital Signature: _____ I confirm that this request complies with HR Policy 160.
Confirmed by Finance Payroll (25% rule not exceeded)	Digital Signature: _____
Approved by Department Manager	Digital Signature: _____ I confirm that this request complies with HR Policy 160.
HR Manager for any exception to this Policy (including "Other" reason or otherwise ineligible employees)	Digital Signature: _____
Processed by Accounts Receivable	Digital Signature: _____