# Application for Access, Correction, or Consent Withdrawal of Personal Data

## Note:

1. Under the Personal Data Protection Act 2012 (**PDPA**) as amended up to 1 February 2021, we provide for individual’s autonomy and rights, in accordance thereto, we provide this form for all personal data requests
2. Please check the applicable box/es and strike of that which is not applicable
3. Company means \_\_\_\_\_
4. By requesting for your personal data, you are deemed to have provided your consent to contact you for verification of your identity
5. Company may treat any data or information provided by you in accordance with PDPA
6. Requests for access or correction may be fulfilled within 30 days from date of receipt of application, subject to the requirements and exemptions of PDPA.
7. You will be required to verify your identity or proper authentication / authorization for provision of requested data.

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| **I. APPLICATION FOR** | | |
| 🞏 **ACCESS TO PERSONAL DATA** | | |
| ***Information requested for*** | | |
| Type (name, gender, IC, passport, address, telephone number, email id, account number, etc.) |  | |
| Format (text, video, etc.) |  | |
| Date range and time (from – to) |  | |
| 🞏 **CORRECTION OF PERSONAL DATA** | | |
| ***Change of*** | ***Before*** | ***After*** |
| Type (name, gender, IC, passport, address, telephone number, email id, account number, etc.) – past and present |  |  |
| Proof of Change (you may attach the same to this form) |  |  |
| 🞏 **WITHDRAWAL OF CONSENT** | | |
| ***Indicate where your consent was provided to us (you may choose more than one):*** | | |
| Job application |  | |
| Employment / Secondment / Internship |  | |
| Website enquiry |  | |
| Business relationship |  | |
| Others (please specify) |  | |
| **COLLECTION OF DATA** | | |
| ***For the purposes of fulfilling your request, please indicate where your personal data was collected by us (you may choose more than one):*** | | |
| 1. Visit to office premises |  | |
| 1. Job application |  | |
| 1. Employment / Secondment / Internship |  | |
| 1. Website enquiry |  | |
| 1. Business relationship |  | |
| 1. Others (please specify) |  | |
| ***Data Provided to:*** | | |
| 1. Person in Charge |  | |
| 1. Department |  | |
| 1. Reference number (if any) |  | |
| **II. APPLICANT PARTICULARS** | | |
| Name |  | |
| Contact phone number |  | |
| Email id |  | |
| Identification number (last 3 numbers and the following letter of the English Alphabet) |  | |
| **III. REPRESENTATIVE PARTICULARS (if applicable)** | | |
| Name |  | |
| Contact phone number |  | |
| Email id |  | |
| Identification number (last 3 numbers and the following letter of the English Alphabet) |  | |
| Letter of authorization with appropriate authentication to the satisfaction of the Company (required) |  | |
| **Please complete the form and submit it to:** | | |
| If in person or by post, to:    Data Protection Officer  [Company]  [Address] | If by email, to:  [DPO@[company].com](mailto:DPO@[company].com) | |
| **Please note that these details in Section II will be deleted from our system and records as soon as your request is fulfilled, and there are no limitations or reasons under PDPA for us to retain the same. Information required to recorded and maintained by us under Access & Correction Obligation will be retained.** | | |
| I confirm that I am the applicant named in this form in relation to my own personal data. I confirm that the information provided herein is true and accurate. I understand that the information that I have provided will be used to confirm my identity and help fulfil my request/s. I further accept that this information may be used for statistical and monitoring purposes.  By submitting this form, I confirm that the information stated above is true, complete and accurate to the best of my knowledge and belief.  Signature: Date: \_\_/\_\_/\_\_\_\_ (dd/mm/yyyy) | | |
| For Official Use:  Fees to be charged for Access requests (mode of payment):  Authorised by  Signature: Date: \_\_/\_\_/\_\_\_\_ (dd/mm/yyyy)  Acknowledged and accepted by:  Signature: Date: \_\_/\_\_/\_\_\_\_ (dd/mm/yyyy)  [*Applicant / Authorised Representative*] | | |
| Reason for Rejection, if any: | | |