

**PERSONAL DATA CORRECTION REQUEST FORM**

- Please note that we reserve the right to restrict and/ or refuse your access to certain particulars of your personal data as may be permitted under the Personal Data Protection Act 2010 [Act 709].
- Your request may not be processed if the information/document provided is incomplete.
- Any request for Personal Data Correction Request must be supported with proof or evidence.
- Please use CAPITAL LETTERS to fill in the form.

Please tick (√) on one of the following:

- I would like to access my personal data  
(Please fill in Section 1 and Section 3 below)
- I am a Third Party Requestor  
(Please fill in Section 2 and Section 3 below)

**SECTION 1: TO BE FILLED IN BY DATA SUBJECT**

Full Name (per NRIC/Passport)	
New NRIC/Passport No.	
Mobile Phone No.	

**SECTION 2: TO BE FILLED IN BY THIRD PARTY REQUESTOR (AUTHORIZED PERSON)**

This request is based on (please tick (√) one of the following):

- I am acting under the Data Subject's authorisation/mandate/Power of Attorney
- I am the legal/personal representative of the Data Subject
- I have Warrant or Court Order allowing the correction to the Data Subject's Personal Data
- I am executor/administrator of the Data Subject's estate
- Others (please specify) \_\_\_\_\_

Please enclose proof of your authority to correct the personal data of the Data subject.

**A : Particulars of Data Subject**

Full Name (per NRIC/Passport)	
New NRIC/Passport No.	
Mobile Phone	

**B: Particulars of Third Party Requestor**

Full Name (per NRIC/Passport)	
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New NRIC/Passport No.	
Mobile Phone	
Email Address	
Correspondence Address	

**SECTION 3 : CORRECTION OF PERSONAL DATA**

(Please tick (√) and fill in at relevant Section only)

<input type="checkbox"/> Full Name (per NRIC/Passport)	
<input type="checkbox"/> New NRIC/Passport No.	
<input type="checkbox"/> Address of premise	
<input type="checkbox"/> Mobile Phone	
<input type="checkbox"/> Postal Address	
<input type="checkbox"/> *House Phone No.	
<input type="checkbox"/> *Office Phone No.	

*\*Non-mandatory information*

**DECLARATION**

<p><b>Declaration by the Data Subject</b> I, ..... declare that I am the person named in Section 1 and I am requesting to correct my own personal data. I confirm that the information supplied in this form is true and accurate.</p> <p>Signature: _____ Date: _____</p>	<p><b>Declaration by the Third Party Requestor</b> I, ..... declare that I am the Authorized Person named in Section 2 and I am requesting to correct the Data Subject's personal data. I confirm that the information supplied in this form is true and accurate.</p> <p>Signature: _____ Date: _____</p>
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**FOR OFFICE USE ONLY (Please fill in relevant section only)**

<p><input type="checkbox"/> APPROVED DATE UPDATED: ATTENDED BY:</p>	<p><input type="checkbox"/> NOT APPROVED REASON:</p> <p>NOTIFICATION DATE: ATTENDED BY:</p>
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