Personal Data Access Request Form

I, _____ (Full Name), hereby request access to my Personal Data which is in the possession or under the control of Malaysia Healthcare Travel Council ("MHTC").
I understand that MHTC may require verification of my identity before processing this request.

Details of Request
Please provide the following details:

- Specific Personal Data requested:

  _____

- Time period of records (if applicable):

  _____

- Purpose of request (optional):

  _____

Declaration

- I confirm that this request relates to my own Personal Data;
- The information provided in this form is true and accurate;
- I understand that MHTC may verify supporting documents before processing this request;
- I understand that MHTC may refuse or limit access in accordance with the Personal Data Protection Act 2010 ("PDPA") and applicable laws;
- I consent to MHTC processing my Personal Data for the purpose of handling and responding to this request.

Signature: _____

Name: _____

Date: _____

Submission Details
Completed form shall be submitted to:
Data Protection Officer (DPO)
Malaysia Healthcare Travel Council
Email to privacy@mhtc.org.my

For Office Use Only

Received by: _____

Date received: _____

Identity verified: ☐ Yes ☐ No

Action taken: _____

Date completed: _____

[End of Personal Data Access Request Form]