



RECTIFICATION REQUEST FORM

I. DATA SUBJECT INFORMATION

FULL NAME	
ADDRESS	
EMAIL ADDRESS	
MOBILE NUMBER	

II. DETAILS OF REQUEST

INACCURATE/ERRONEOUS INFORMATION <i>(Please provide sufficient details. Use separate sheet if necessary.)</i>	CORRECT INFORMATION <i>(Please provide documentation, where necessary and appropriate)</i>

III. DECLARATION

I declare that this form is accomplished by the undersigned and is a true, correct, and complete statement of the information contained herein. I also authorize (NAME OF PERSONAL INFORMATION CONTROLLER) to verify/validate the contents stated herein.

SIGNATURE OVER PRINTED NAME

IV. AUTHORIZED REPRESENTATIVES

FULL NAME	
ADDRESS	
EMAIL ADDRESS	



MOBILE NUMBER	
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I declare that this form is accomplished by the undersigned as the authorized representative of the data subject. It is a true, correct, and complete statement of the information contained herein. Enclosed is the proof of the authority to act on behalf of the data subject. I authorize (NAME OF PERSONAL INFORMATION CONTROLLER) to verify/validate the contents stated herein.

SIGNATURE OVER PRINTED NAME

FOR INTERNAL USE ONLY	
RECEIVED BY:	REMARKS:
DATE RECEIVED:	

** PICs shall only require information that is necessary to the request and to confirm the identity of the requesting individual or his/her authorized representative, taking into consideration the principle of proportionality.*