



**CORRECTION/DELETION/ACCESS/PORTABILITY/CONSENT
RESTRICTION REQUEST FORM (PDPA)**

1. Requestor Details	
Full Name:	
NRIC/ Passport No.:	
Contact Number:	
Email Address:	
Mailing Address:	
Nature of Request:	<input type="checkbox"/> Deletion <input type="checkbox"/> Access <input type="checkbox"/> Correction <input type="checkbox"/> Transfer <input type="checkbox"/> Restrict Consent
2. Information Involved in this Request	
<i>Please specify the personal data you wish to correct/access/delete/transfer or the consent you would like to restrict.</i>	
3. For Correction of Personal Data ONLY - Updated Information	
<i>Please provide the correct version of the personal data.</i>	
4. Supporting Documents	
<i>List and attach relevant documents to support your request.</i>	
5. Preferred Method of Receiving Data	
<input type="checkbox"/> Secure Email (encrypted) <input type="checkbox"/> Registered Mail (postal address required) <input type="checkbox"/> In-Person Collection (by appointment only)	
6. Declaration	
I certify that the information provided is accurate and understand that the company may contact me for verification.	
Signature:	
Date:	

For Office Use Only

Date Received:	
Verified By (Name & Dept.):	
Verification Complete:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Request Accepted:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason if Rejected:	
Date of Correction/Action Taken:	

