

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. Some examples are identity card/passport or driving licence and a recent utility bill.
- Where permitted, Mazars may decide to impose a charge to cover the cost incurred in relation to verifying, locating, retrieving and reviewing the data involved.
- 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)	
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New NRIC/Passport No.	
Mobile Phone	
B: Particulars of Third Party Requestor	
Full Name (per NRIC/Passport)	
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.	
<i>*Non-mandatory information</i>	

DECLARATION

<p>Declaration by the Data Subject</p> <p>I,</p> <p>.....</p> <p>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>Declaration by the Third Party Requestor</p> <p>I,.....</p> <p>.....</p> <p>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: _____</p> <p>Date: _____</p>	<p>Signature: _____</p> <p>Date: _____</p>

FOR MAZARS OFFICE USE ONLY (Please fill in relevant section only)

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