**TEMPLATE PERSONAL DATA ACCESS / CORRECTION REQUEST FORM FOR WEBSITE**

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| **PART A - Your personal details**  |
| Name |  |
| NRIC no.  |  |
| Address  |  |
| Contact no.  |  |
| What is the nature of your relationship with TCB? |  |
| **PART B - Is the personal data to be accessed or corrected about you (are you the data subject)?** |
| Yes *(please fill in Parts D to F)*No *(please fill in Parts C to F)*  |
| **PART C - Person / agent acting on behalf of the data subject**  |
| Name |  |
| NRIC / Passport no. *\* Please provide a copy of NRIC / passport* |  |
| Address  |  |
| Contact no. |  |
| What is your relationship with the data subject (*eg. parent, guardian, legal representative*) |  |
| If the data subject is under 18 years old, do you have parental responsibility over the data subject?  |  |
| Provide proof that you are authorised to act on behalf of the data subject | Please email any of the following with this form:* Evidence of parental responsibility (eg. birth certificate of the data subject)
* Letter of authorisation
* Others \_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
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| **PART D - Details of personal data to be accessed or corrected** |
| Please indicate whether you wish to: | * Have access to personal data
* Make correction to personal data
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| Please provide:* in relation to a data access request, a description of the personal data; or
* in relation to a data correction request, a description of the personal data and the relevant correction required to be made on the personal data,

and any other relevant information as to the location of the personal data (*eg. describe any departments that you think may be in possession of the personal data*)  |  |
| **PART E - Others** |
| Copies of the requested / corrected personal data to be: | * Provided to the \* data subject / person or agent acting on behalf of the data subject by hand
* Sent to the \* data subject / person or agent acting on behalf of the data subject by registered post
 |
| Hard copies to be provided? | * Yes
* No
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| **PART F - Declaration** |
| I certify that the information provided on this form is true. I understand that Tradewinds Corporation Berhad (“**TCB**”) would require confirmation or proof of identity / authority and that I may be required to provide further information to TCB or any other relevant party in order for TCB to comply with this data access request / data correction request.Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **For Office Use Only**  |
| This form is acknowledged and received by [xx].Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of receipt : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |