



PERSONAL DATA REQUEST FORM

Important Notes To Read Before Completing the Personal Data Request Form:

In order to exercise your right under the Personal Data Protection Act (Act), please complete this Personal Data Request Form (“Form”) and return to us. You may return the completed Form to us via post at: 1 Merlimau Road Singapore 628260 (Attention: Data Protection Officers) OR via email SRC_DPOs@src.com.sg.

We require reasonable proof of your identity before we process your request. Please specify in this Form clearly and in detail the specific personal data requested. We may refuse to comply with your request if we are not able to locate the requested personal data or as when permitted under the Act.

You may be liable for providing false or misleading information in this Form. Please also ensure that the Form is completed and signed. The information that you provide herein shall be used only for processing your request and other directly related purposes. The provision of the personal data herein is voluntary.

We may charge a fee for complying with your request. We will notify you of the fee payable and will only proceed to process your request once you have given your written approval and have paid the fee or a deposit. Such fee(s) may be subject to revision from time to time.

For The Attention Of:

Name of SRC contact : _____

Copy to : Data Protection Officer Email : SRC_DPOs@src.com.sg

Part A. Your Personal Particulars

Your Name : _____

Correspondence Address : _____

Postal Code : _____ Telephone number : _____

Email : _____ Facsimile number : _____

How would you like us to contact you?

- By post By phone By email By fax

Are you requesting the information for yourself or on someone's behalf?

- For Yourself**. If you are requesting to access your own personal data, please provide 1 copy of proof of your identity e.g. birth certificate/valid passport with photograph/ Singapore driving licence/identity card.
- On Someone's Behalf**. If you are acting on behalf of someone with their express permission, or with the appropriate legal authority, please enclose evidence of your authority to act and details of the person you are acting for.

Part B. Personal Data Requested

Specify the personal data you are requesting. The personal data was provided in the course of:

- | | |
|---|------------------------|
| <input type="radio"/> Employment | Date Submitted : _____ |
| <input type="radio"/> Commercial relationship | Date Submitted : _____ |
| <input type="radio"/> Secondment/internship | Date Submitted : _____ |
| <input type="radio"/> Others: | Date Submitted : _____ |

I am requesting the following:

(please specify clearly and in detail the personal data requested, and helpful information such as the particular incident to facilitate our location of the data)

Part C. Recording/Image Requested

Please complete the details below to help us locate the CCTV recording/image.

(Our CCTV cameras are directed to certain areas only and may not capture the image you want. CCTV recording requested may also no longer be retained due to routine deletion of our records.)

In order for us to identify you, please supply a clear and coloured recent photograph of yourself taken no less than 2 months ago. Please tick (✓) the following box to show that you are providing this proof.

I am enclosing a recent photograph.

(a) If I was in a vehicle and/or requesting for recording/image of a vehicle:

I am the owner of the vehicle

I am not the owner of the vehicle and enclose written authorization from the vehicle owner and the vehicle owner's proof of ownership.

Vehicle Registration Number : _____

Colour and Make : _____

Date of Recording : _____

Time of Recording : _____

OR

(b) If I was NOT in a vehicle:

Date of Recording : _____

Time of Recording : _____

Part D. Declaration

I have read the notes to this Form. I confirm that I am the above-named requestor and I am submitting this Form in relation to my own personal data. I confirm that the information provided herein is true and accurate. I understand that the information provided will be used to confirm my identity and may also be used for statistical and monitoring purposes.

(If you are acting on behalf of someone) I am making this request on behalf of the person whose details are given on this Form in my capacity as their appointed agent/guardian/caregiver/lawyer *(delete as appropriate)*. I understand that the information provided will be used to confirm my identity and also may be used for statistical and monitoring purposes.

Signature

Date